The 1996 Public Survey about Health and the Health System in Alberta

Conducted by the
Population Research Laboratory
Department of Sociology
University of Alberta

Report Prepared by
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Social Science Consulting

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for
Alberta Health
May 8, 1996

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Table of Contents

1 Introduction

In March 1996, Alberta Health contracted the Population Research Laboratory (PRL) at the University of Alberta to conduct a survey of 4000 adult Albertans. The purpose of the survey was to assess progress towards a number of key performance measures identified in Alberta Health's business plan.

The survey was administered to a stratified sample of Albertans in each of the province's seventeen health regions. The PRL's twelve station computer assisted telephone interviewing system was used to conduct the survey which took place between March 25 and April 16, 1996. This report details the key findings from the survey.

2 Methods

2.1 Survey Instrument

Alberta Health established a number of key objectives for the survey instrument. The survey was to assess:

- self-reported health status and health needs.
- behavioural and lifestyle contributions to health.
- the family's contribution to health care.
- availability and accessibility of health care services.
- failure to receive needed care.
- information received from health care providers.
- satisfaction with the health care system.
- variation by age, gender, and health region.
- changes from 1995 to 1996.

The 1996 survey follows a similar survey conducted in 1995. In order to allow comparison with the data collected in the previous year, it was necessary, wherever possible, to replicate the questions exactly as

they were asked in 1995. In addition, some questions from 1995 were dropped, while others were added. Some of the survey questions in both 1995 and 1996 were similar to those asked in other large scale health studies conducted by Statistics Canada and Health Canada, permitting comparison of results with existing and forthcoming data sets.

A draft form of the 1996 survey instrument was developed as the result of discussions between Alberta Health and the PRL. This instrument was formatted for use in the PRL's computer assisted telephone interviewing (CATI) system, and then pretested on a random sample of forty-five Albertans on March 15, 1996. The purpose of the pretest was to assess the survey for clarity, for ability to generate a strong response rate, and to test the programming of the CATI system. On the basis of the results from the pretest, minor changes were made to the survey in order to better meet the needs of Alberta Health. The complete survey questionnaire is in Appendix A of this report.

The final survey contained the following notable changes from 1995:

- In the 1996 survey, respondents who rated the health care system in Alberta as "fair" or "poor" were asked: "What is it about the health system that makes you rate it fair/poor?" (question 6). This permitted a more precise assessment of concerns regarding the health care system.

- In 1996, an additional question was asked of respondents who indicated that they found it "a bit difficult" or "very difficult" to obtain health care services when they needed them. They were asked, "What makes it difficult for you?" (question 8b).

- In 1996, respondents who indicated they were unable to obtain a needed health care service during the past six months, were also asked *why* they were unable to obtain that service (question 9c). They were then further asked what, if any, effect this had on them, and what happened next (questions 9d and 9e).

- In the 1996 survey, respondents who rated the quality of care personally received in the past 12 months as "fair" or "poor" were also asked: "Why do you say that the quality of health service you received was fair/poor?" (question 11c).

- In the 1996 survey, questions were added about whether respondents had made complaints about the health care system, and to whom they had complained (questions 11d and 11e).

- A question was added in the 1996 survey regarding the ability of the health care system in Alberta to protect the privacy of a person's health records (question 13).

- A series of questions were added in the 1996 survey, related to Albertans' use and provision of in-home health care support (questions 14a through 14f).

- A series of questions were added in 1996, designed to assess the number of people waiting for medical services, what type of services for which they were waiting, the length of time people had been waiting, and perceptions of what is a reasonable time to wait for the service in question (questions 15a through 15e).

- In 1996, Albertans were asked to identify level of need for health services during the past year (questions 17 through 19).

- Also in 1996, respondents were asked at the end of the survey, "If you could change ONE thing in the health care system, what would it be?" (question 25). Answers to this question were not coded, but provided to Alberta Health in text form.

- In the 1996 survey, respondents were asked to identify the name of the health region in which they lived.

- Finally, several questions regarding health care deliverers' provision of information on health were asked in 1996 (questions 12a through 12d).

2.2 Sampling

The delivery of public health care in Alberta is devolved to seventeen health regions, which vary greatly in size and demographics. In order to provide accurate information to the seventeen regions, it was important that each region obtain sufficiently detailed data.

It was decided that a minimum of 100 interviews should be conducted in each of the regions. This sample size provides an approximate accuracy level of ±10%, nineteen times out of twenty. The four health regions with the smallest populations were each assigned the minimum of 100 interviews.

In accordance with the methodology used in 1995, the remaining sample of 3600 was divided between the remaining 13 regions. The

formula used to divide the sample was to allocate survey quotas proportionate to the square root of the populations 18 years of age and older in each of the regions, using 1995 population estimates provided by Alberta Health.

In order to conduct valid analysis of the all-Alberta data, the responses from the various health regions were weighted appropriately. Thus, for example, although 100 interviews were conducted in the Northwestern Health region, the adult population of that region represents only approximately 18/4000 of the total adult population of Alberta (meaning that in a proportionate sample, only 18 interviews would have been assigned to this region). The responses from the 100 surveys conducted in that region were merged into the full Alberta data with a weight of 0.18. The calculation resulted in the following breakdown of actual surveys and weighted samples between regions:

Region	Sample size	Weighted sample	Region	Sample size	Weighted sample
1 - Chinook	264	210	10 - Capital	594	1062
2 - Palliser	207	128	11 - Aspen	202	123
3 - Headwaters	175	92	12 - Lakeland	282	239
4 - Calgary	633	1209	13 - Mistahia	193	112
5 - Health Authority 5	152	69	14 - Peace	100	33
6 - David Thompson	287	248	15 - Keeweetinok L.	100	26
7 - East Central	227	155	16 - Northern Lights	100	53
8 - WestView	198	118	17 - Northwestern	100	18
9 - Crossroads	186	105			
			TOTAL	4000	4000

The weights attached to the data from each region for all-Alberta analysis purposes are as follows:

Region	Weighting multiplier	Region	Weighting multiplier
1 - Chinook	0.7954545455	10 - Capital	1.7878787879
2 - Palliser	0.6183574879	11 - Aspen	0.6089108911
3 - Headwaters	0.5257142857	12 - Lakeland	0.8475177305
4 - Calgary	1.9099526066	13 - Mistahia	0.5803108808
5 - Health Authority 5	0.4539473684	14 - Peace	0.33
6 - David Thompson	0.8641114983	15 - Keeweetinok Lakes	0.26
7 - East Central	0.6828193833	16 - Northern Lights	0.53
8 - WestView	0.595959596	17 - Northwestern	0.18
9 - Crossroads	0.564516129		

Based on the population estimates for each region, quotas were established for the number of interviews to be conducted with persons of specific age and gender for each of the regions. This sampling method assures proportional representation for age and gender groups which might be underrepresented in a fully random sample. Typically, underrepresented groups would include young people, especially males, and the elderly. Young people are less likely to be home and available for an interview, while some elderly Albertans are living in

residential facilities and may not be accessible through a random digit dialing approach. The full quota table is reproduced below:

Quota Table By Health Region, Gender, and Age

		Region																	
Age	Sex	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
18 - 24	M	19	14	12	43	10	19	15	14	13	41	14	21	15	8	9	9	11	287
	F	19	13	11	41	8	18	13	13	12	42	12	18	14	7	9	9	11	270
25 - 44	M	55	45	41	163	33	66	46	50	44	143	47	64	48	23	26	31	26	951
	F	53	44	39	158	31	64	44	49	43	139	44	63	45	21	23	29	24	913
45 - 64	M	34	27	23	79	21	38	32	29	26	74	30	42	26	15	13	12	11	532
	F	35	27	22	79	20	37	30	24	24	77	26	38	24	13	10	8	10	504
65 - 74	M	12	10	7	19	8	12	12	6	7	21	9	10	6	4	3	1	2	149
	F	15	11	8	23	8	14	13	6	7	25	8	10	6	3	3	1	2	163
75 - plus	M	9	7	5	10	6	8	9	3	4	11	5	7	4	3	2	0	2	95
	F	13	9	7	18	7	11	13	4	6	21	7	9	5	3	2	0	1	136

A random digit dialing approach was used within each health region to contact respondents. This method ensures that a random sample of Albertans is selected. The PRL uses its databank of Alberta telephone numbers to identify which telephone banks (the first five digits of the seven digit telephone number) in each health region (xxx-xx**yy**) are in operation. A simple program is then used to randomize the last two digits (**yy**) in each bank. The resultant output is loaded into the CATI system, which randomly allocates these numbers to the various interviewing stations. In order to assure accurate allocation of respondent to health region, each respondent was asked to indicate their residential postal code, which was matched against a list of postal codes by health region.

As with any telephone-administered survey, certain categories of resident are excluded. These would include all those living in a household without a telephone, many of those living in long-term care facilities, and persons residing in correctional facilities. Estimates suggest that approximately 97% of Canadians can be reached by a telephone survey.

2.3 Response Rate

One important factor in ensuring the reliability of data collected through random digit dialing surveys is the response rate achieved for the survey. Certain groups of potential respondents are less likely to be available for a telephone interview than others. While the stratified sample used in this survey compensates for age and gender bias, other potential biases can only be addressed by assuring the highest possible response rate. For example, unemployed, sick, and disabled persons may be more likely to be at home and therefore will tend to be overrepresented in a random survey with low response rate.

The PRL uses two methods to improve response rate. First, telephone numbers allocated by the CATI system were redialed up to ten times at different times of the day before they were coded as "no response". This increased the likelihood of securing an interview with busy individuals. Secondly, the PRL employs specially trained and experienced "refusal interviewers" to "convert" potential respondents' initial refusals to agreement to participate.

Different methods are used to calculate response rates. The 1995 survey contractors used a methodology in which response rate is calculated using the following formula:

Response rate = $\frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus \# refused plus \# incompletes plus \# language barrier}}$

Using that formula, the following comparison of response rates is obtained:

	1996	1995
Completed	4000	4000
Refused	1125	3089
Incomplete	29	125
Language barrier	81	205
Response rate	***76.4%***	***53.9%***

Normally, the Population Research Laboratory uses a different method for calculating the response rate in its surveys. A number of categories of uncompleted call dispositions, which are disregarded in the method used to calculate the above response rates, are incorporated in the PRL's method. The effect of using the PRL's method is to show a lower response rate for the same survey. The formula used by the PRL is reproduced below, using disposition codes from the disposition table below.

Response rate = $\frac{\text{\# of completed interviews}}{\text{\# of completed interviews plus disposition codes 1,2,3,4,6,7,8,9,10,13,14,20}}$

Using this method, the response rate for the survey is 61.4%. It is not possible to compare this response rate with the 1995 survey, because of differences in presentation of call dispositions.

CATI Disposition	Final Outcome of Call Attempt	Frequency
1	No answer *	748
2	Busy *	44
3	Answering machine *	248
4	Completed Interviews	4000
5	Line Trouble *	53
6/14	Respondent not home / household residents away	88
7	Callback - Time specified *	155
8/13/20	Initial refusals/Final Refusals/Refusal Callbacks	1125
9	Incomplete interviews	29
10	Language problems	81
11	Not in service	4431
12	Business / Fax	2956
15	Disposition not used in CATI system	N/A
16	2nd residence	34
17	Outside calling area (region)	112
18	Disposition not used in CATI system	N/A
19	Quota filled	2353
	TOTAL TELEPHONE NUMBERS ALLOCATED	**16457**
	* Minimum 10 callbacks made to household	

2.4 Data Collection and Analysis

The PRL conducted data collection from its central research facility at the University of Alberta in Edmonton. Interviewing took place from March 25 to April 16th, 1996. Interviewing was scheduled from 9 a.m. until 9:30 p.m. on weekdays, and from 9:30 a.m. until 9:30 p.m. on weekends. Interviewing was not carried out on Good Friday or Easter Sunday.

After an initial blanket coverage of interviewing in the weekday daytime, interviewing schedules were concentrated in the weekday evening and weekend time periods. An experienced telephone interview supervisor monitored the work of the interviewers, and validated 10% of surveys. As is the practice of the PRL, a small oversample of interviews (109) was completed, which would be of use if any of the 4000 surveys did not pass the data verification phase. It was not necessary to use data from the oversample.

Data collected were automatically tabulated using the features of the PRL's CATI system. The data were imported into the SPSS-Windows system employed by the PRL for data analysis. The data were analyzed for wild codes and inconsistencies, and "other" open-ended responses were coded where feasible.

For purposes of province-wide analysis, weights were assigned as mentioned above. A set of weighted province-wide responses was provided to Alberta Health, along with 17 separate sets of frequencies,

for each of the health regions. The data were also provided to Alberta health in machine-readable form.

For the purpose of this report, frequency distributions and cross-tabulations were drawn from the responses to the various questions. The results of these analyses are reported in the text of the report.

3 *Profile of Respondents*

Unweighted data were used to provide a profile of the participants in the survey. The numbers of males and females interviewed were almost equal (see Figure 1). The average respondent was between 25 and 44 years of age (see Figure 2). Figure 3 shows that 96% of respondents indicated that their household was made up of 1 to 5 persons, including children, and that median household size was 3. Median household income in 1995 was $40,000-44,999 before taxes. The typical respondent had completed high school and had obtained some post-secondary education.

Figure 4 reveals that only one in four respondents could correctly name the health region in which they lived. The percentage of respondents who could correctly name their health region ranged from a low of 9% (Health Authority 5) to a high of 46% (Mistahia, Peace, and Northwestern Regions). While 3 in every 10 respondents living in the Calgary Health Region could correctly identify their health region's name, less than 2 in every 10 respondents living in the Capital Health Region (incorporating the Edmonton area) knew their region's name.

Figure 1

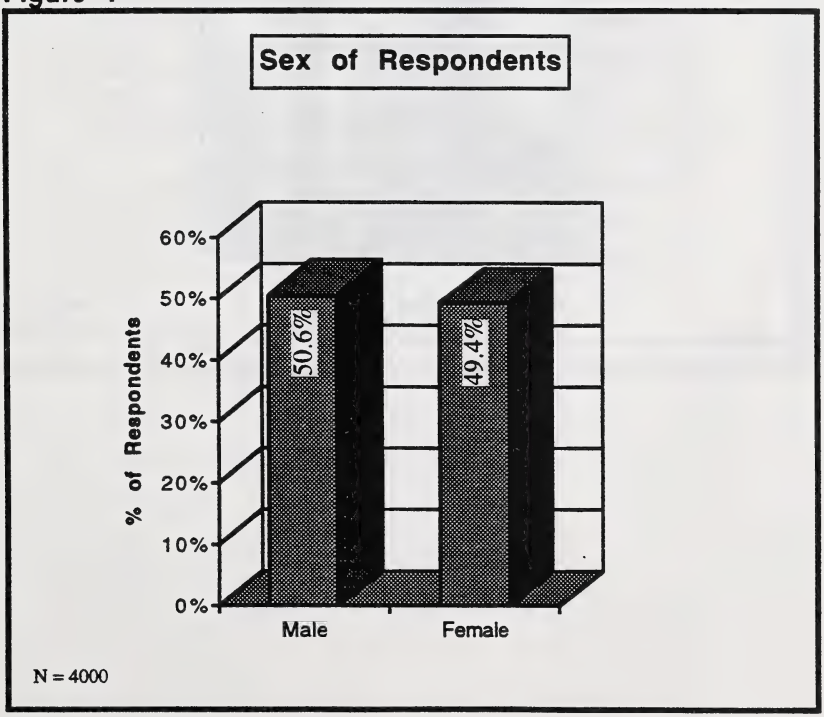


Figure 2

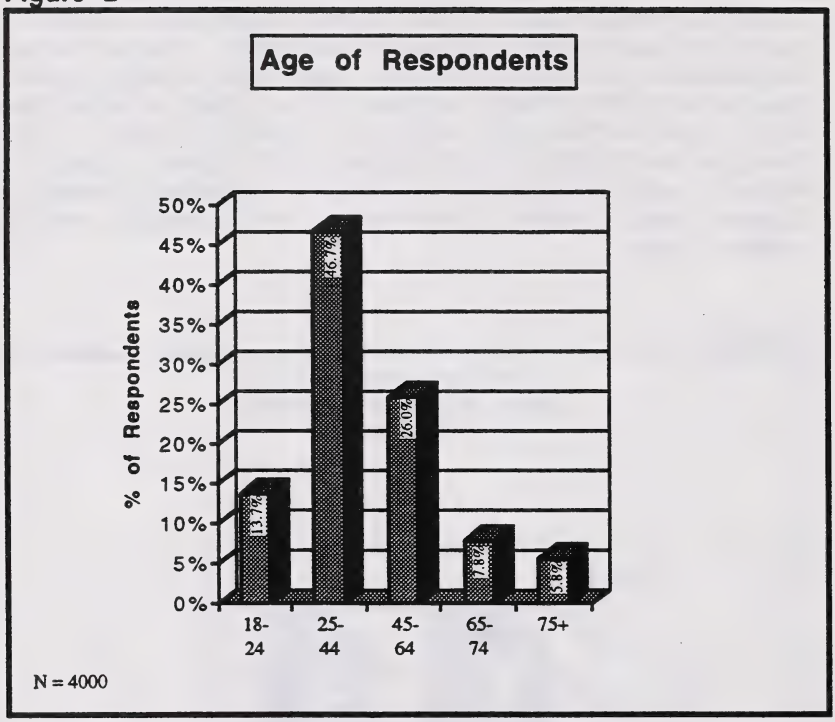

Age of Respondents
% of Respondents
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
13.7%
46.7%
26.0%
7.8%
5.8%
18-24
25-44
45-64
65-74
75+
N = 4000

Figure 3

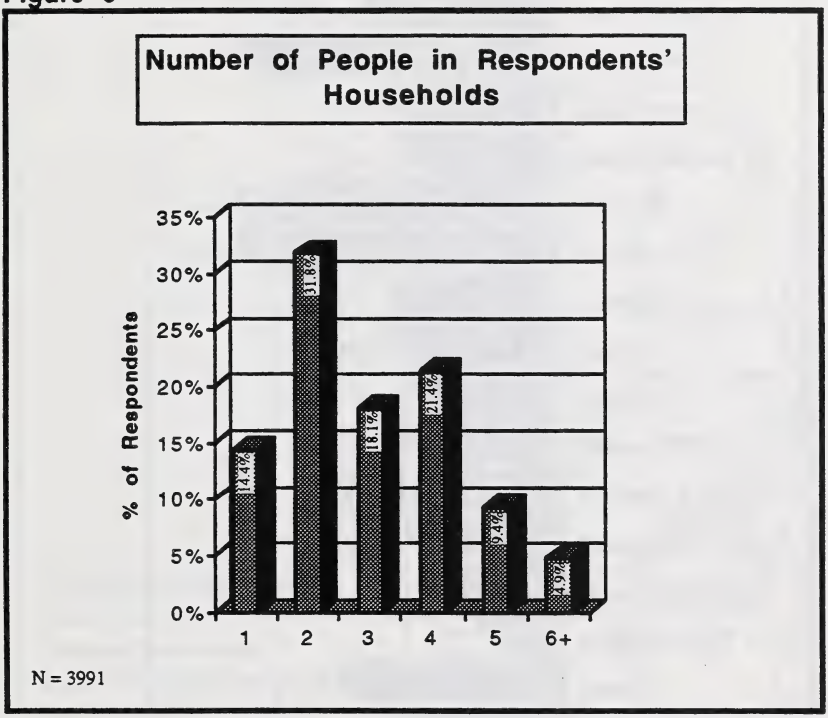
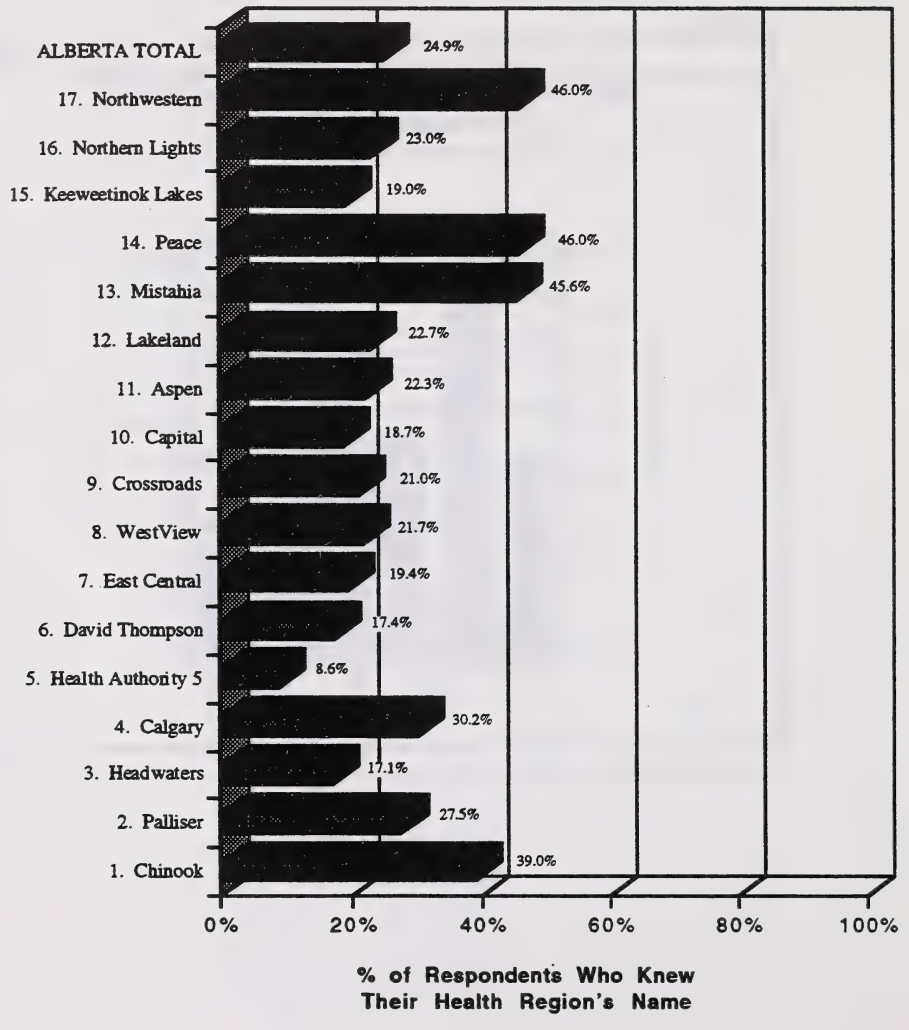

Number of People in Respondents' Households
% of Respondents
35%
30%
25%
20%
15%
10%
5%
0%
14.4%
31.8%
18.1%
21.4%
9.4%
4.9%
1
2
3
4
5
6+
N = 3991

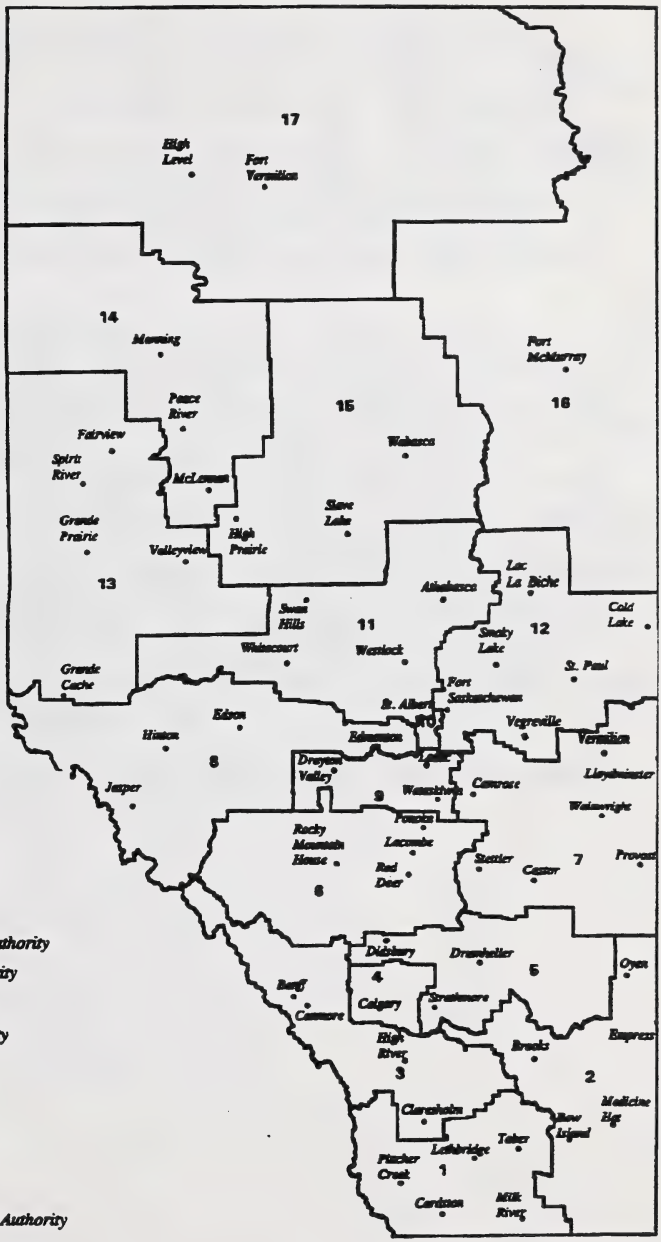
Figure 4

Percentage of Respondents Who Knew Their Health Region's Name, by Health Region



N = 4000

Regional Health Authorities



1. *Chinook Regional Health Authority*
2. *Palliser Health Authority*
3. *Headwaters Health Authority*
4. *Calgary Regional Health Authority*
5. *Health Authority #5*
6. *David Thompson Regional Health Authority*
7. *East Central Regional Health Authority*
8. *WestView Regional Health Authority*
9. *Crossroads Regional Health Authority*
10. *Capital Health Authority*
11. *Aspen Regional Health Authority*
12. *Lakeland Regional Health Authority*
13. *Mistahia Regional Health Authority*
14. *Peace Regional Health Authority*
15. *Keeweetinok Lakes Regional Health Authority*
16. *Northern Lights Regional Health Authority*
17. *Northwestern Regional Health Authority*

4 Overview of Responses to Key Performance Measures

Key performance measures defined by Alberta Health included respondents' ratings of the health care system in Alberta, ratings of the availability of health care services in the community, ratings of the accessibility of health care services, percentages of respondents able/unable to obtain health services when needed, ratings of quality of health care services in community, ratings of quality of care personally received, and satisfaction with the health care system in Alberta. Figures 5 to 20 show the pattern of responses to the questions measuring key performance indicators for 1995 and 1996 and for each health region.

Percentages for the province as a whole were calculated using weighted data. Changes from 1995 to 1996 for Alberta as a whole were tested for statistical significance using the Chi-square statistic. Changes from 1995 to 1996 for each individual health region were not tested for statistical significance. (The decision to not test for statistical significance at the regional level was made because, at the .05 level of significance, approximately one health region per variable examined would show a statistically significant difference when in fact there was no real difference.) Finally, persons who did not respond to any given question were relatively few and were excluded from the analysis for both 1996 and 1995. This means that percentages for 1995 presented in this report are somewhat different from the percentages presented in the 1995 report, given that the 1995 report did not exclude the non-response data.

Additional detail on responses to key performance measures can be found in sections 5, 8, 9, 11, and 12 of this report.

4.1 *Health Status*

Figure 5 shows that the majority of respondents in 1995 and 1996 rated their health as either excellent or very good. These self-ratings of health did not change significantly from 1995 to 1996. In both years, about 1 in 4 said that their health was excellent while another 1 in 3 said that it was very good. One in 4 said that their health was good, less than 10% said it was fair, and about 3% rated their health as poor.

Figure 6 shows self-reported health status, by health region and year of survey (1995, 1996). The percentage of respondents who said that their health was excellent or very good appeared to be somewhat higher in 1996 than in 1995 for 14 of the 17 health regions. Health in the Calgary region was higher than the provincial average while health in the Capital (Edmonton) region was lower than average. The Alberta total rose from 62.0% of respondents rating their health as either excellent or very good in 1995 to 64.1% in 1996.

Figure 5

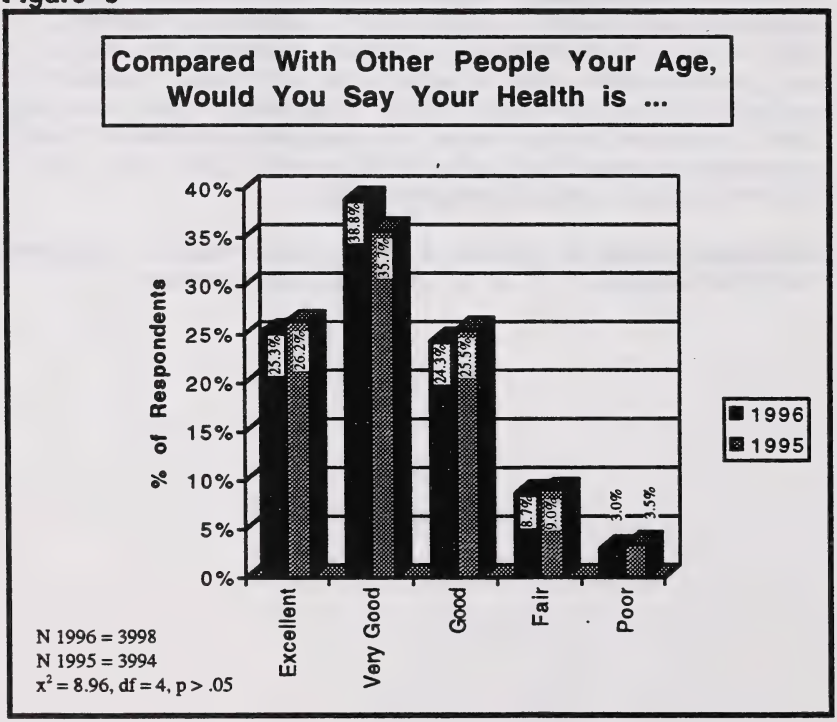
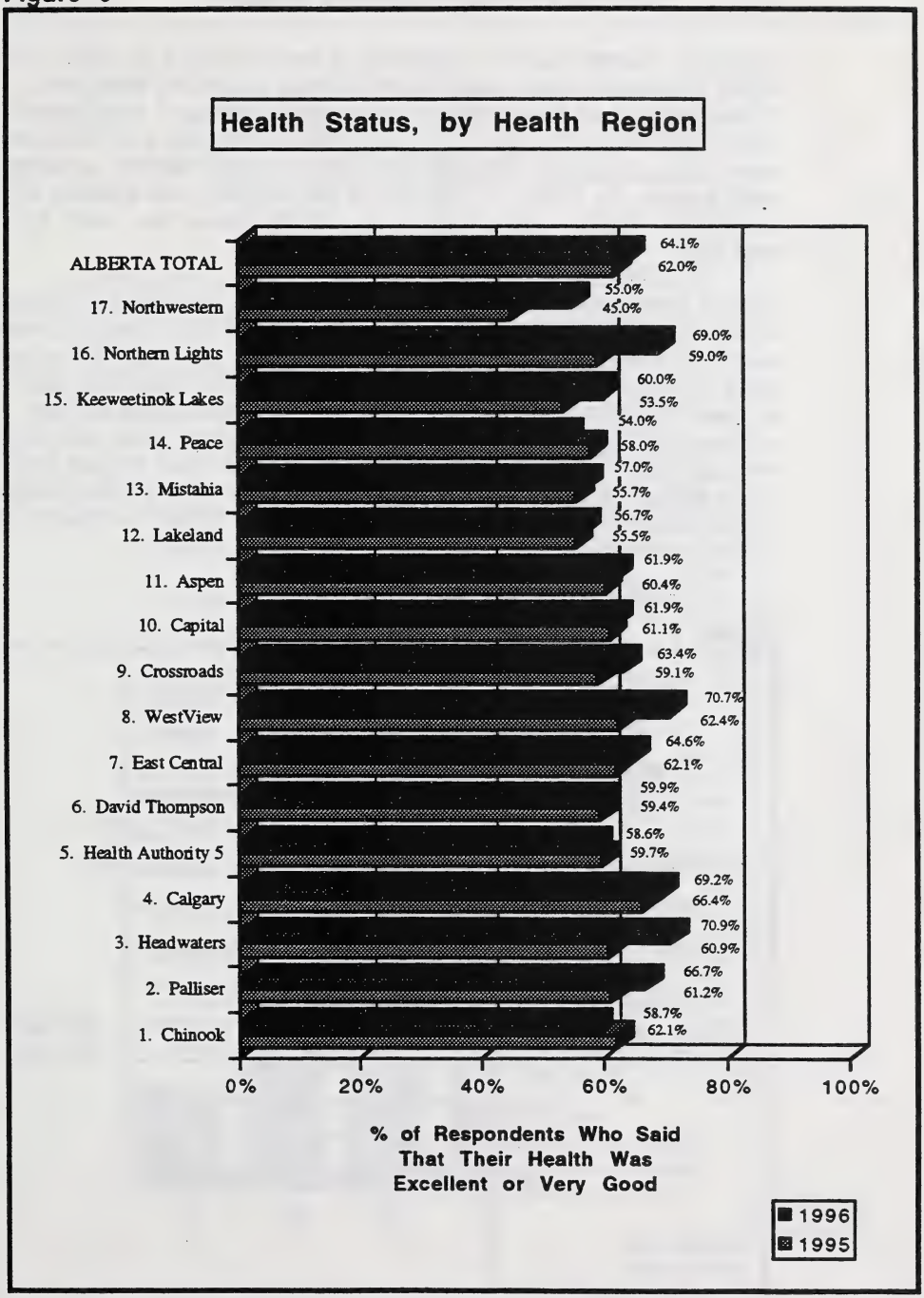


Figure 6


Health Status, by Health Region
ALBERTA TOTAL
64.1%
62.0%
17. Northwestern
55.0%
45.0%
16. Northern Lights
69.0%
59.0%
15. Keeweetinok Lakes
60.0%
53.5%
14. Peace
54.0%
58.0%
13. Mistahia
57.0%
55.7%
12. Lakeland
56.7%
55.5%
11. Aspen
61.9%
60.4%
10. Capital
61.9%
61.1%
9. Crossroads
63.4%
59.1%
8. WestView
70.7%
62.4%
7. East Central
64.6%
62.1%
6. David Thompson
59.9%
59.4%
5. Health Authority 5
58.6%
59.7%
4. Calgary
69.2%
66.4%
3. Headwaters
70.9%
60.9%
2. Palliser
66.7%
61.2%
1. Chinook
58.7%
62.1%
0%
20%
40%
60%
80%
100%
% of Respondents Who Said That Their Health Was Excellent or Very Good
1996
1995

4.2 *Overall Rating of Health System*

Figure 7 shows that the majority of respondents in 1995 and 1996 rated the health care system in Alberta as either excellent or good. These ratings of the health care system changed significantly from 1995 to 1996 with fewer respondents selecting excellent in 1996 and more selecting fair. Almost one-half of respondents selected good in both years. In 1996, 11.3% rated the health care system in Alberta as excellent, 48.0% rated it as good, 30.2% chose fair, and 10.5% said it was poor.

Figure 8 shows respondents' ratings of the health care system, by health region and year of survey (1995, 1996). The percentage of respondents who said that the health care system was excellent or good appeared to be somewhat higher in 1996 than in 1995 for only 3 of the 17 health regions. Ratings of the health care system by respondents in the Calgary region were higher than the provincial average while ratings in the Capital (Edmonton) region were lower than average. The Alberta total fell from 64.8% of respondents who rated the health care system in Alberta as either excellent or good in 1995 to 59.3% in 1996.

Figure 7

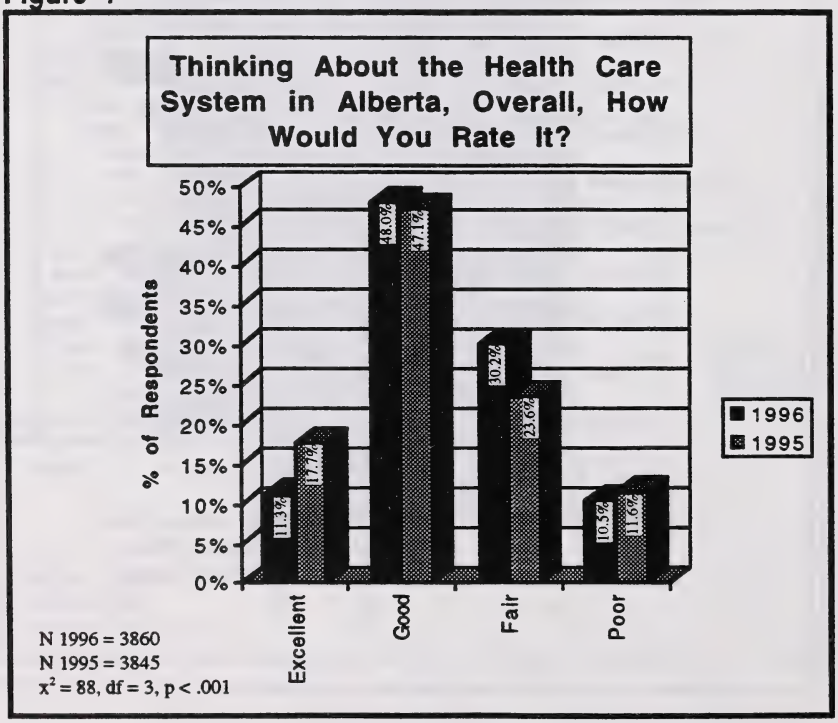
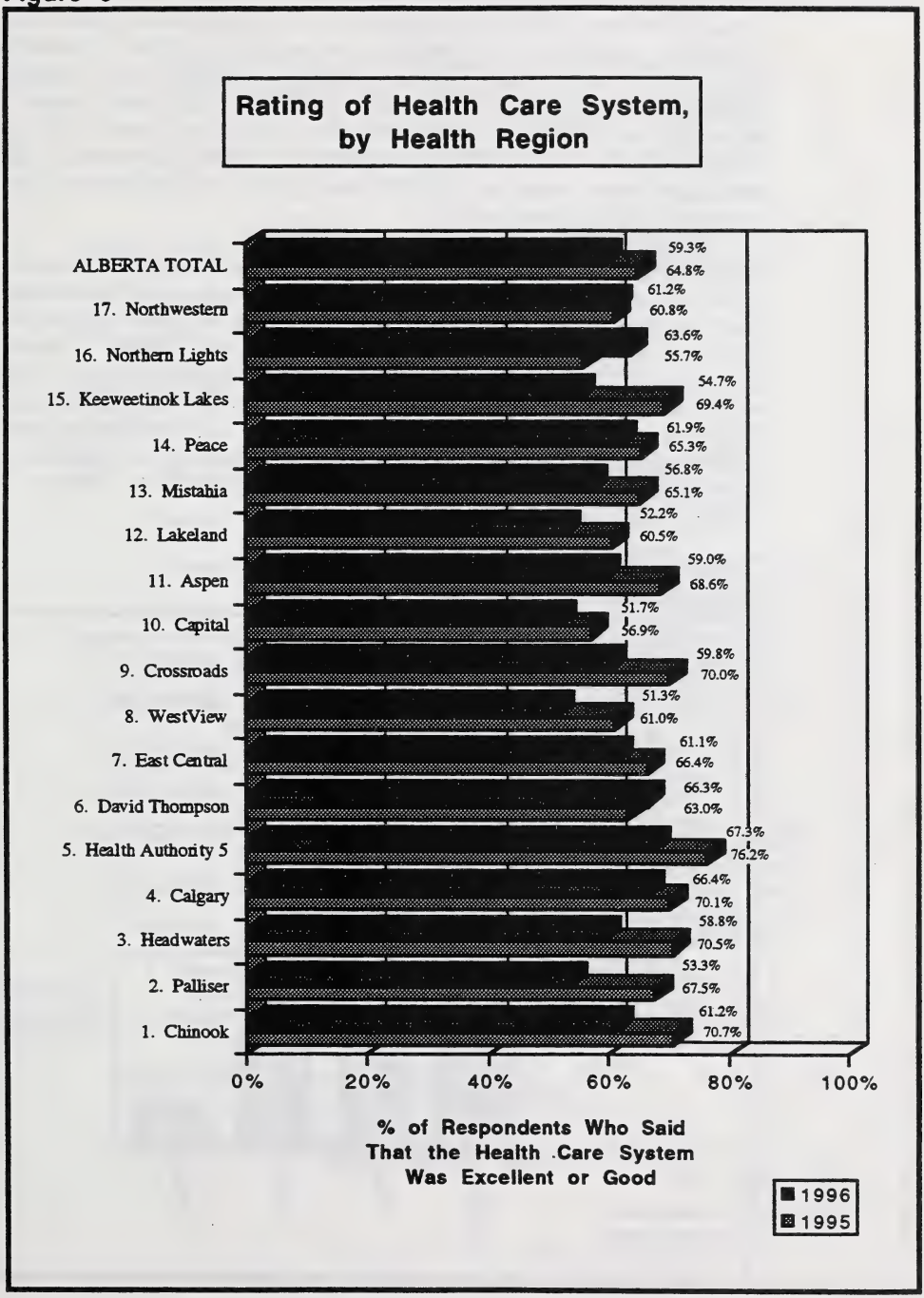


Figure 8


Rating of Health Care System, by Health Region
ALBERTA TOTAL 59.3% 64.8%
17. Northwestern 61.2% 60.8%
16. Northern Lights 63.6% 55.7%
15. Keeweetinok Lakes 54.7% 69.4%
14. Peace 61.9% 65.3%
13. Mistahia 56.8% 65.1%
12. Lakeland 52.2% 60.5%
11. Aspen 59.0% 68.6%
10. Capital 51.7% 56.9%
9. Crossroads 59.8% 70.0%
8. WestView 51.3% 61.0%
7. East Central 61.1% 66.4%
6. David Thompson 66.3% 63.0%
5. Health Authority 5 67.3% 76.2%
4. Calgary 66.4% 70.1%
3. Headwaters 58.8% 70.5%
2. Palliser 53.3% 67.5%
1. Chinook 61.2% 70.7%
0% 20% 40% 60% 80% 100%
% of Respondents Who Said That the Health Care System Was Excellent or Good
1996
1995

4.3 *Availability of Services in the Community*

Figure 9 shows that the majority of respondents in 1995 and 1996 rated the availability of health care services in their community as either excellent or good. These ratings of health care availability changed significantly from 1995 to 1996 with fewer respondents selecting excellent in 1996 and more selecting good. In 1996, 19.7% of respondents rated the availability of health services in their community as excellent, 55.5% said good, 18.7% chose fair, and 6.1% said availability was poor.

Figure 10 shows ratings of health care availability, by health region and year of survey (1995, 1996). The percentage of respondents who said that health care availability was excellent or good appeared to be somewhat higher in 1996 than in 1995 for 8 of the 17 health regions. Ratings of health care availability by respondents in the Calgary region were higher than the provincial average while ratings in the Capital (Edmonton) region were close to average. The Alberta total rose from 73.5% of respondents who rated the availability of health care services in their community as either excellent or good in 1995 to 75.2% in 1996.

Figure 9

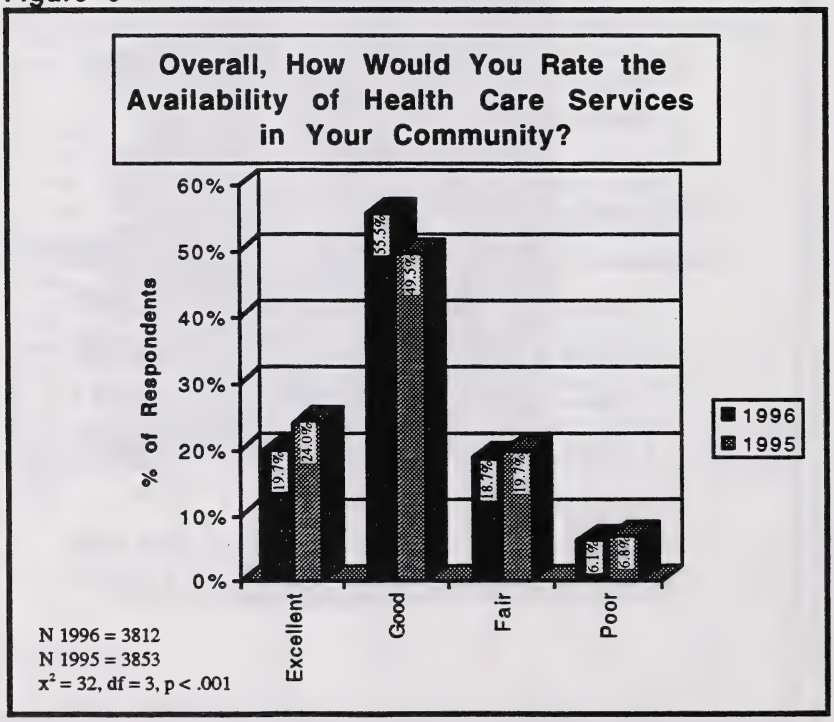
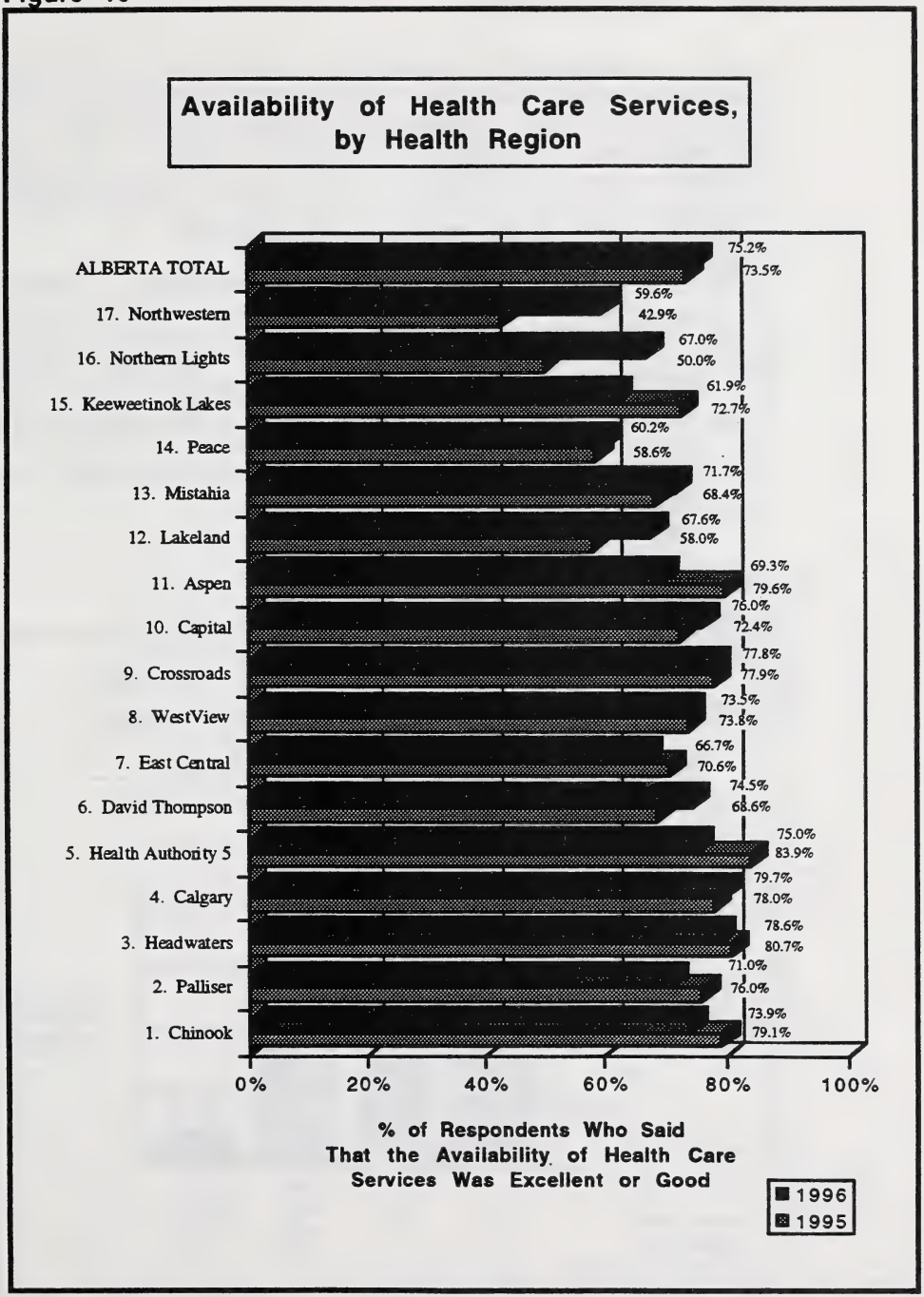


Figure 10


Availability of Health Care Services, by Health Region
ALBERTA TOTAL
17. Northwestern
16. Northern Lights
15. Keeweetinok Lakes
14. Peace
13. Mistahia
12. Lakeland
11. Aspen
10. Capital
9. Crossroads
8. WestView
7. East Central
6. David Thompson
5. Health Authority 5
4. Calgary
3. Headwaters
2. Palliser
1. Chinook
75.2%
73.5%
59.6%
42.9%
67.0%
50.0%
61.9%
72.7%
60.2%
58.6%
71.7%
68.4%
67.6%
58.0%
69.3%
79.6%
76.0%
72.4%
77.8%
77.9%
73.5%
73.8%
66.7%
70.6%
74.5%
68.6%
75.0%
83.9%
79.7%
78.0%
78.6%
80.7%
71.0%
76.0%
73.9%
79.1%
0%
20%
40%
60%
80%
100%
% of Respondents Who Said That the Availability of Health Care Services Was Excellent or Good
1996
1995

4.4 *Ease of Access*

Figure 11 shows that the majority of respondents in 1995 and 1996 rated access to health care services as either very easy or easy. These ratings of health care accessibility changed significantly from 1995 to 1996 with fewer respondents selecting very easy in 1996 and more selecting easy or a bit difficult. In 1996, 23.2% of respondents said access was very easy, 52.6% said easy, 20.6% indicated access was a bit difficult, while 3.6% said it was very difficult.

Figure 12 shows ratings of health care accessibility, by health region and year of survey (1995, 1996). The percentage of respondents who found health care accessible appeared to be somewhat higher in 1996 than in 1995 for 5 of the 17 health regions. Ratings of health care accessibility were higher than the provincial average for respondents in the Calgary region while ratings in the Capital (Edmonton) region were closer to average. The Alberta total fell from 79.8% of respondents who rated health care accessibility as either easy or very easy in 1995 to 75.7% in 1996.

Figure 11

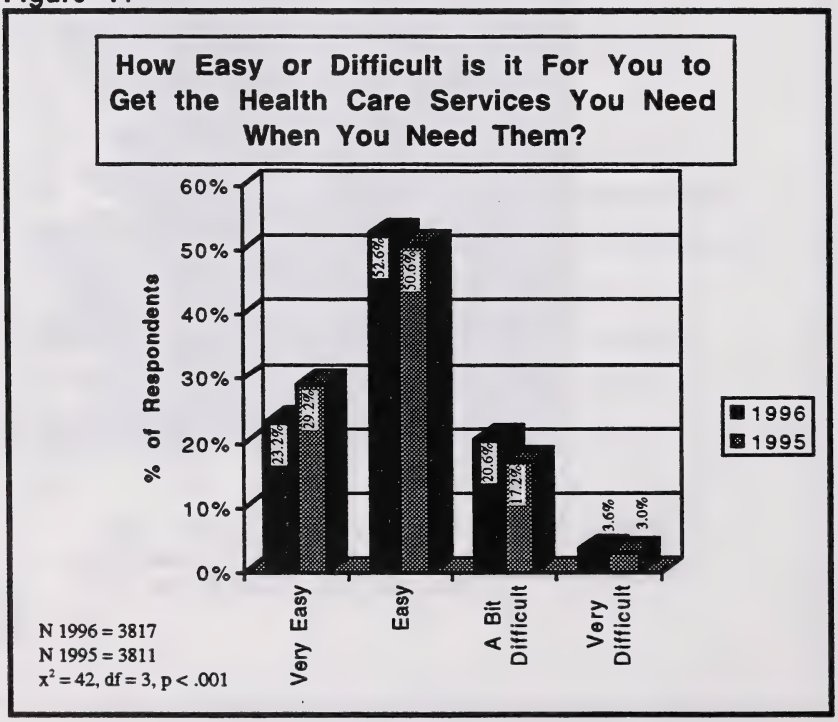
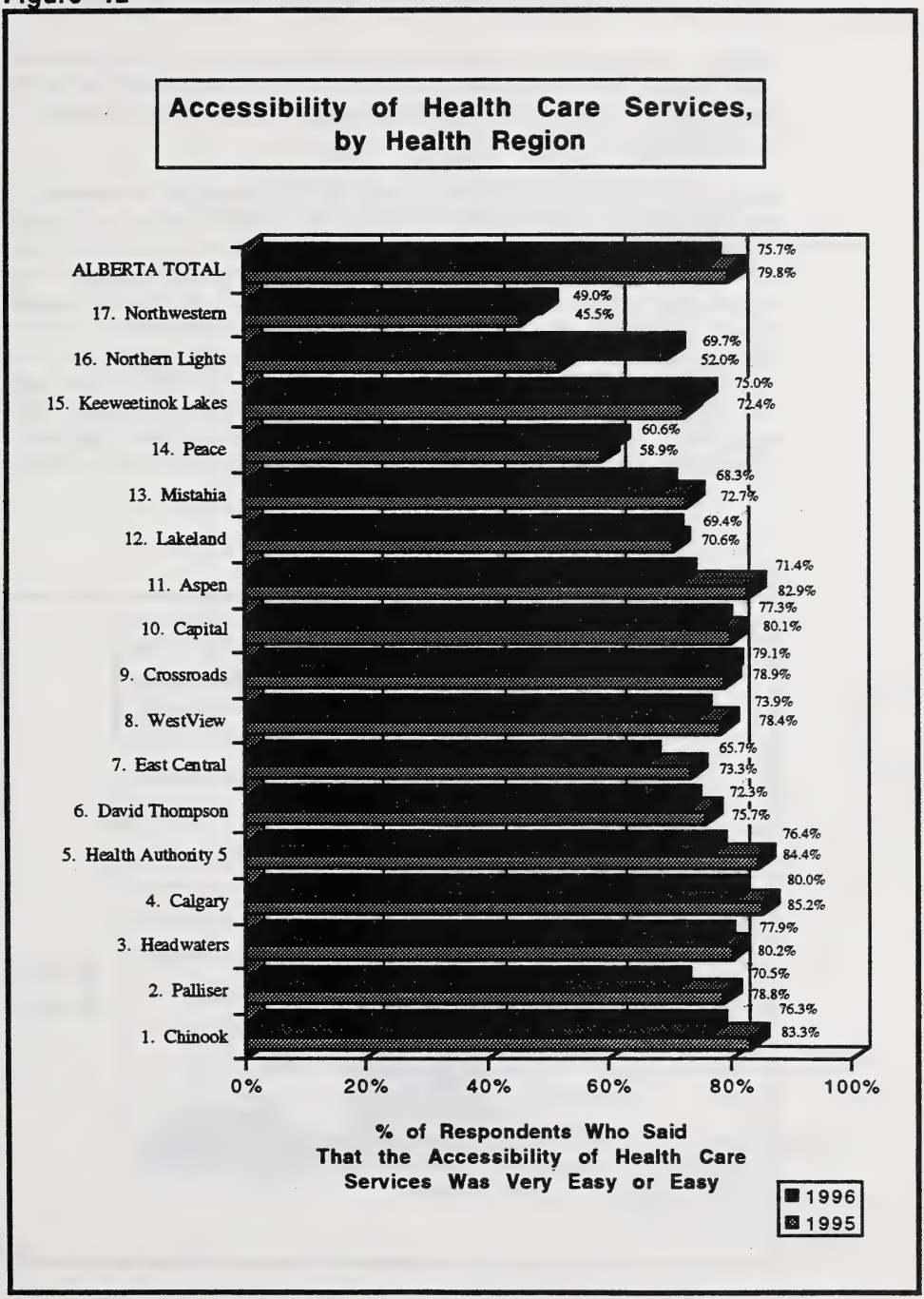


Figure 12


Accessibility of Health Care Services, by Health Region
ALBERTA TOTAL
17. Northwestern
16. Northern Lights
15. Keeweetinok Lakes
14. Peace
13. Mistahia
12. Lakeland
11. Aspen
10. Capital
9. Crossroads
8. WestView
7. East Central
6. David Thompson
5. Health Authority 5
4. Calgary
3. Headwaters
2. Palliser
1. Chinook
75.7%
79.8%
49.0%
45.5%
69.7%
52.0%
75.0%
72.4%
60.6%
58.9%
68.3%
72.7%
69.4%
70.6%
71.4%
82.9%
77.3%
80.1%
79.1%
78.9%
73.9%
78.4%
65.7%
73.3%
72.3%
75.7%
76.4%
84.4%
80.0%
85.2%
77.9%
80.2%
70.5%
78.8%
76.3%
83.3%
0%
20%
40%
60%
80%
100%
% of Respondents Who Said That the Accessibility of Health Care Services Was Very Easy or Easy
1996
1995

4.5 *Percent Unable to Obtain Needed Services*

Figure 13 shows that 92.9% of respondents in 1996 (and 94.0% in 1995) said that they were able to obtain health care services when they needed them. These responses were not significantly different from 1995 to 1996.

Figure 14 shows the percentages of respondents who could **not** obtain health care services when needed, by health region and year of survey (1995, 1996). The percentage of respondents who said that they were **unable** to obtain health care when needed appeared to be somewhat lower in 1996 than in 1995 for 5 of the 17 health regions (lower percentages in 1996 indicated improvement). The percentage of respondents unable to obtain health care when needed was lower in the Calgary region than the provincial average while the percentage in the Capital (Edmonton) region was higher than average. The Alberta total rose from 6.0% of respondents reporting that they were unable to obtain health care when needed in 1995 to 7.1% in 1996.

Figure 13

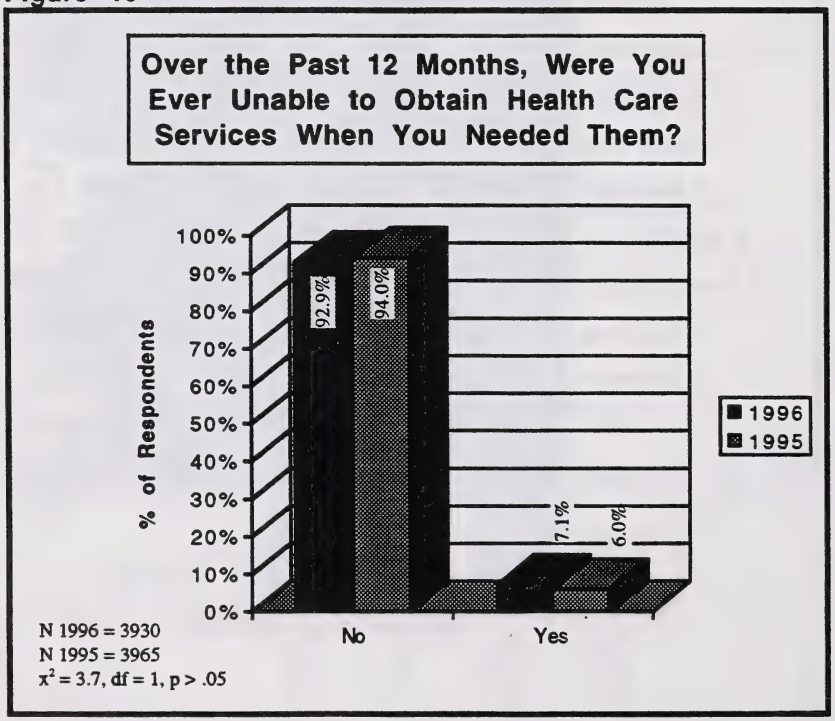
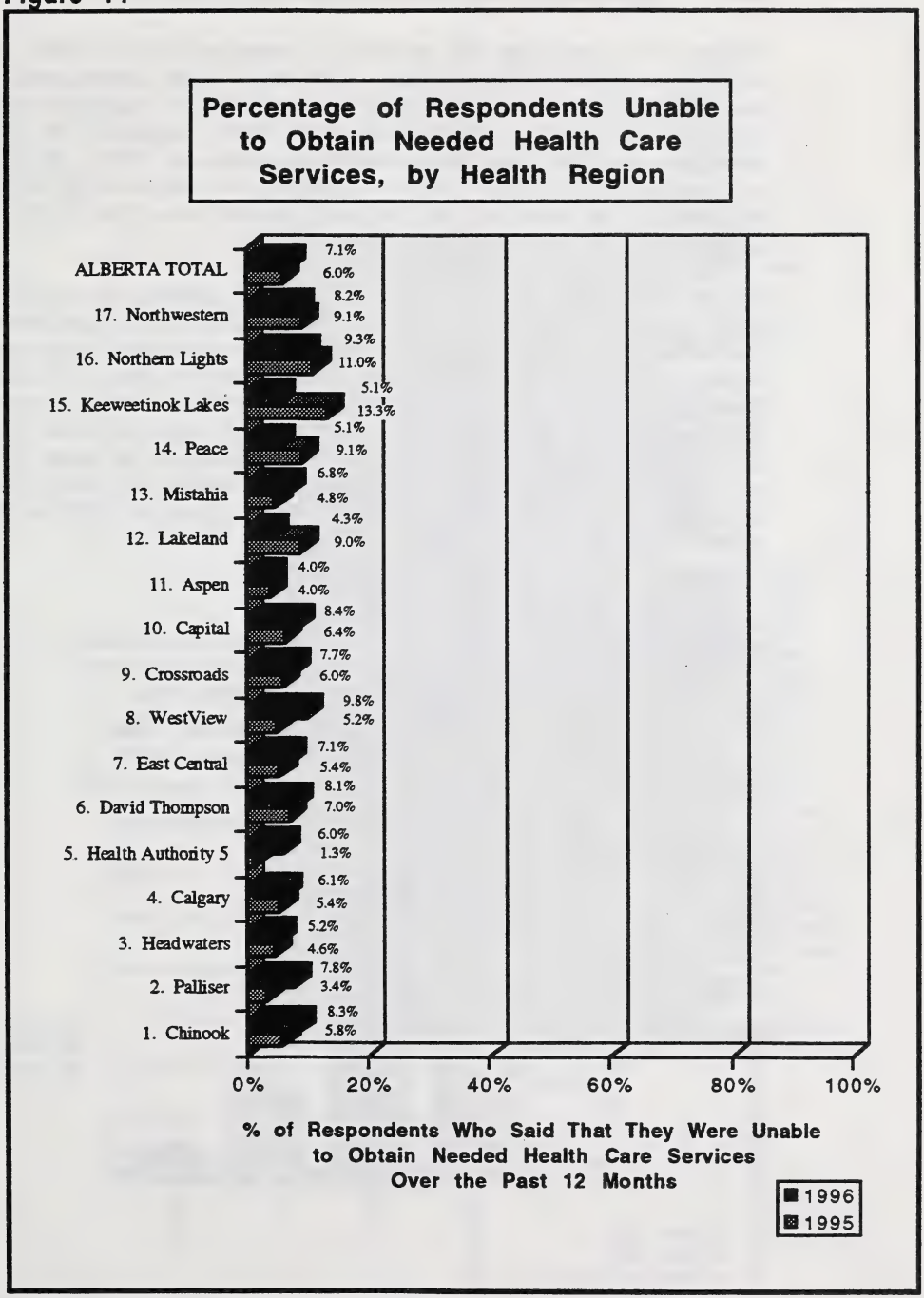


Figure 14


Percentage of Respondents Unable to Obtain Needed Health Care Services, by Health Region
ALBERTA TOTAL 7.1% 6.0%
17. Northwestern 8.2% 9.1%
16. Northern Lights 9.3% 11.0%
15. Keeweetinok Lakes 5.1% 13.3%
14. Peace 5.1% 9.1%
13. Mistahia 6.8% 4.8%
12. Lakeland 4.3% 9.0%
11. Aspen 4.0% 4.0%
10. Capital 8.4% 6.4%
9. Crossroads 7.7% 6.0%
8. WestView 9.8% 5.2%
7. East Central 7.1% 5.4%
6. David Thompson 8.1% 7.0%
5. Health Authority 5 6.0% 1.3%
4. Calgary 6.1% 5.4%
3. Headwaters 5.2% 4.6%
2. Palliser 7.8% 3.4%
1. Chinook 8.3% 5.8%
0% 20% 40% 60% 80% 100%
% of Respondents Who Said That They Were Unable to Obtain Needed Health Care Services Over the Past 12 Months
1996
1995

4.6 *Quality of Services in the Community*

Figure 15 shows that the majority of respondents in 1995 and 1996 rated the quality of health care services in their community as either excellent or good. These ratings of health care quality changed significantly from 1995 to 1996 with fewer respondents selecting excellent in 1996 and more selecting good. In 1996, 18.1% of respondents rated the quality of health care services in their community as excellent, 60.9% said quality was good, 16.3% chose fair, while 4.7% said quality was poor.

Figure 16 shows the ratings of health care quality, by health region and year of survey (1995, 1996). The percentage of respondents who said that health care quality was either excellent or good appeared to be somewhat higher in 1996 than in 1995 for 9 of the 17 health regions. Ratings of health care quality were higher than the provincial average for respondents in the Calgary region while ratings in the Capital (Edmonton) region were average. The Alberta total rose from 78.2% of respondents who rated the quality of health care services available in their community as either excellent or good in 1995 to 79.0% in 1996.

Figure 15

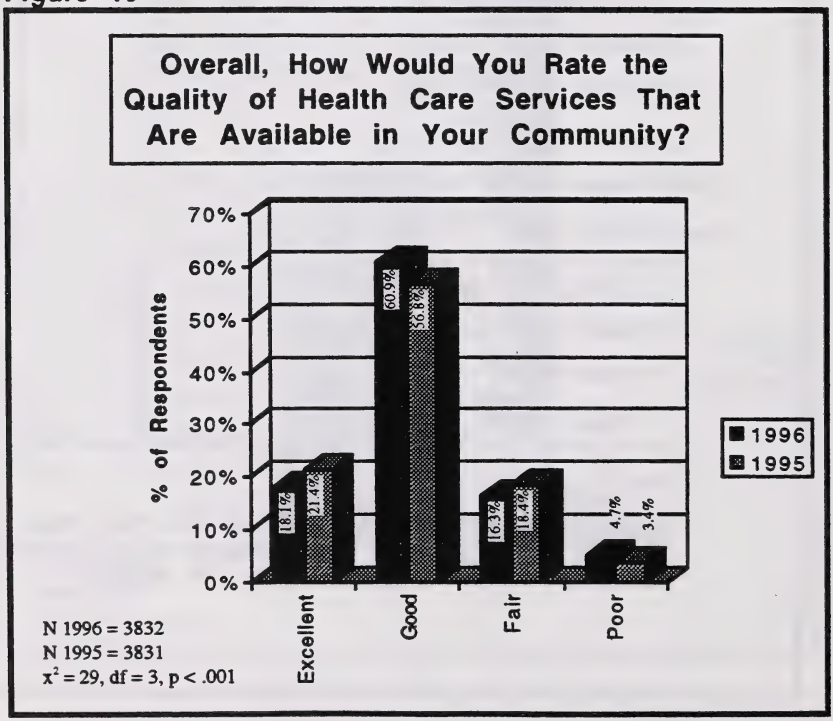
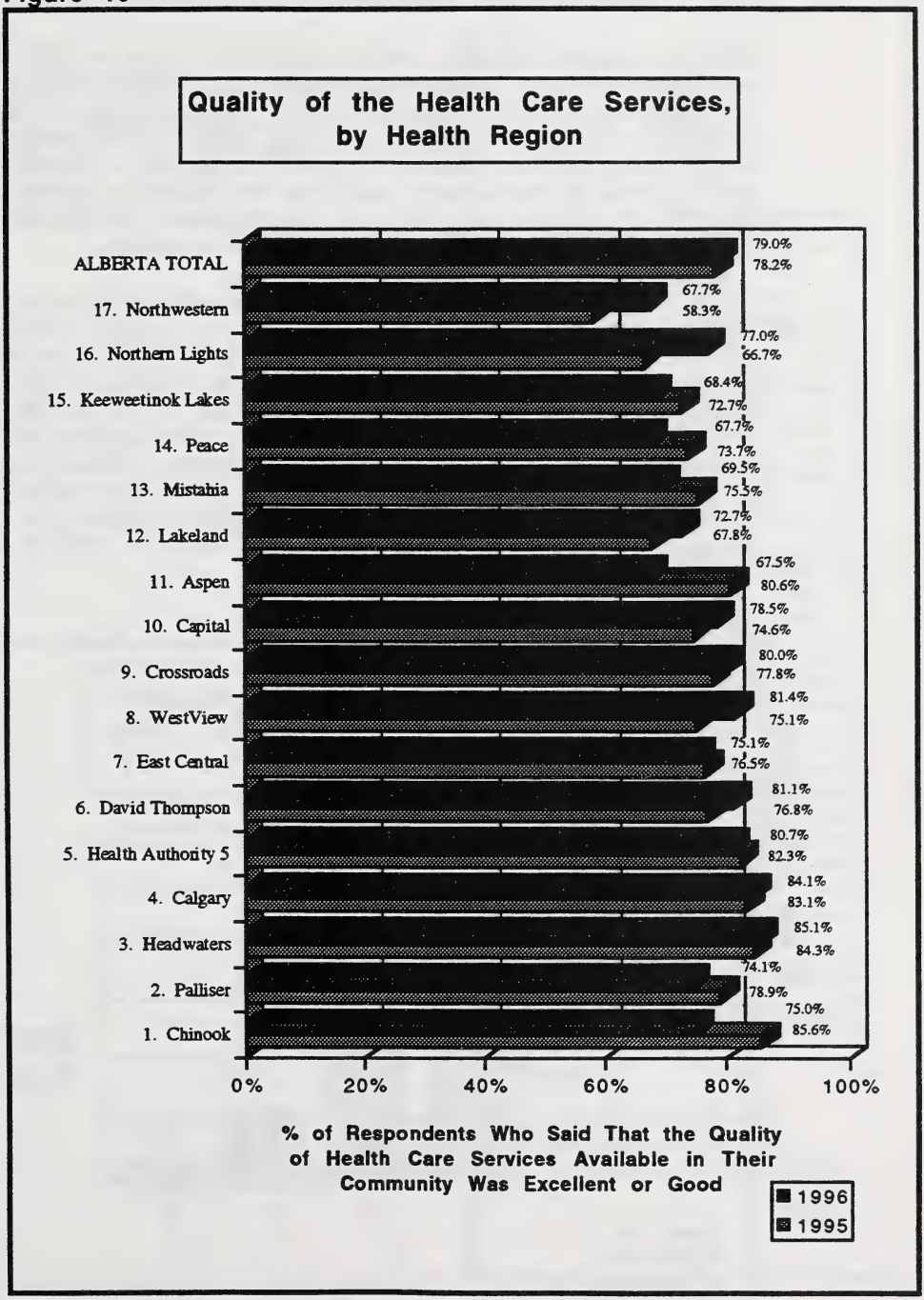


Figure 16


Quality of the Health Care Services, by Health Region
ALBERTA TOTAL
17. Northwestern
16. Northern Lights
15. Keeweetinok Lakes
14. Peace
13. Mistahia
12. Lakeland
11. Aspen
10. Capital
9. Crossroads
8. WestView
7. East Central
6. David Thompson
5. Health Authority 5
4. Calgary
3. Headwaters
2. Palliser
1. Chinook
79.0%
78.2%
67.7%
58.3%
77.0%
66.7%
68.4%
72.7%
67.7%
73.7%
69.5%
75.5%
72.7%
67.8%
67.5%
80.6%
78.5%
74.6%
80.0%
77.8%
81.4%
75.1%
75.1%
76.5%
81.1%
76.8%
80.7%
82.3%
84.1%
83.1%
85.1%
84.3%
74.1%
78.9%
75.0%
85.6%
0%
20%
40%
60%
80%
100%
% of Respondents Who Said That the Quality of Health Care Services Available in Their Community Was Excellent or Good
1996
1995

4.7 *Quality of Services Personally Received*

Figure 17 shows that the majority of respondents in 1995 and 1996 rated the quality of health care services personally received in the past 12 months as either excellent or good. These ratings of the quality of health care changed significantly from 1995 to 1996 with fewer respondents selecting excellent in 1996 and more selecting good. In 1996, 33.9% of respondents said that the quality of health services that they had personally received was excellent, 51.9% said good, 11.3% chose fair, while 2.9% said quality was poor.

Figure 18 shows ratings of the quality of health care personally received, by health region and year of survey (1995, 1996). The percentage of respondents who said that health care quality was either excellent or good appeared to be somewhat higher in 1996 than in 1995 for 6 of the 17 health regions. Ratings of the quality of health care personally received by respondents in the Calgary region were higher than the provincial average while ratings in the Capital (Edmonton) region were below average. The Alberta total fell from 86.9% of respondents who rated the quality of health care services personally received as either excellent or good in 1995 to 85.9% in 1996.

Figure 17

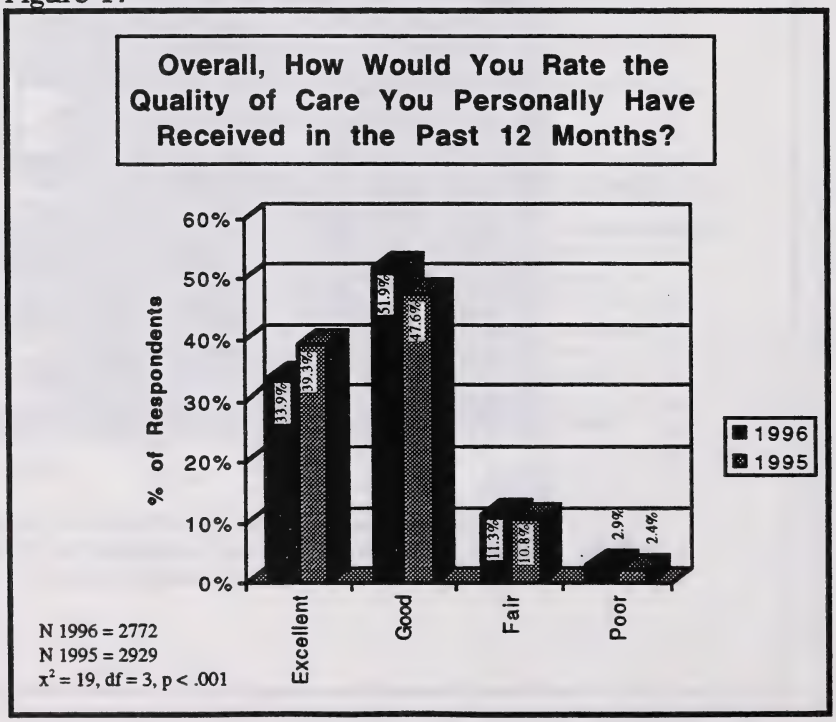
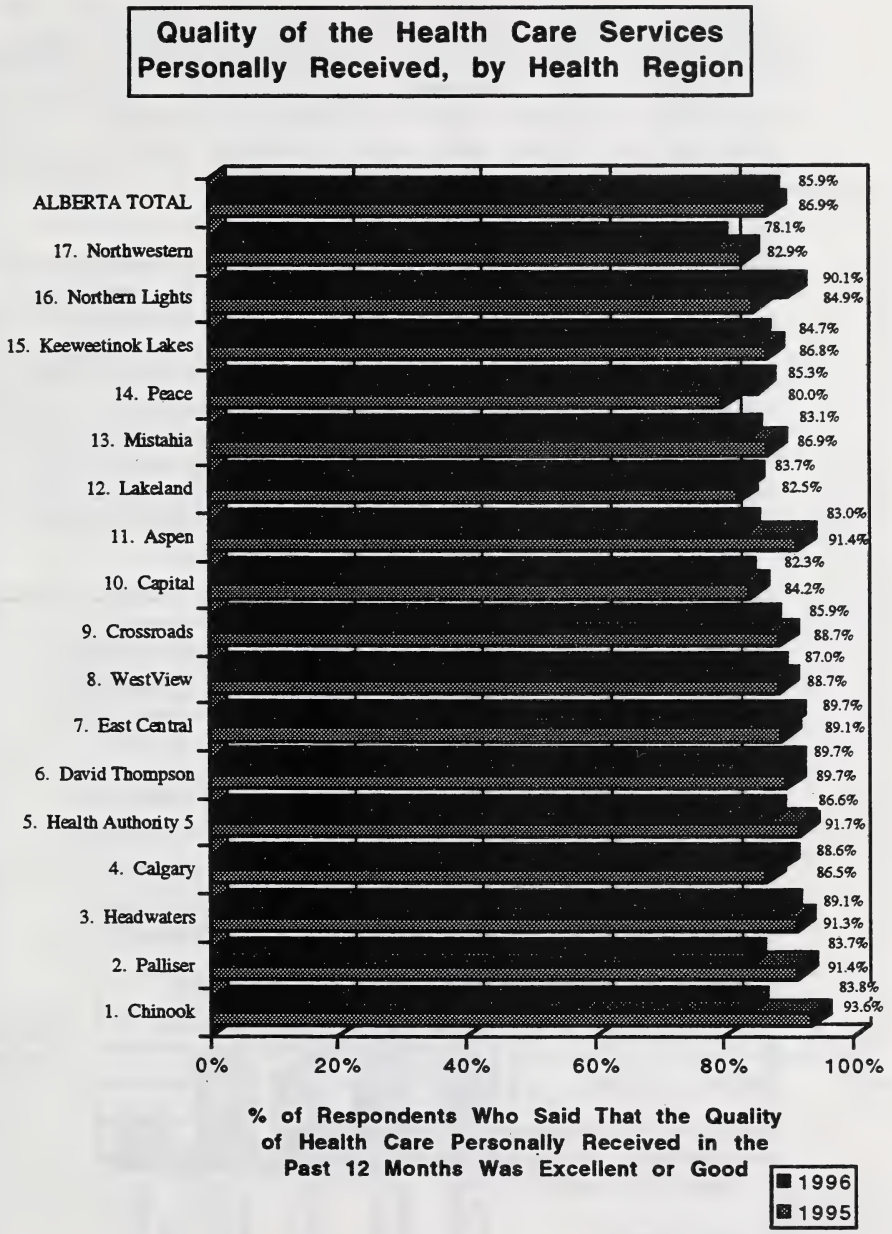


Figure 18


Quality of the Health Care Services Personally Received, by Health Region
ALBERTA TOTAL 85.9% 86.9%
17. Northwestern 78.1% 82.9%
16. Northern Lights 90.1% 84.9%
15. Keeweetinok Lakes 84.7% 86.8%
14. Peace 85.3% 80.0%
13. Mistahia 83.1% 86.9%
12. Lakeland 83.7% 82.5%
11. Aspen 83.0% 91.4%
10. Capital 82.3% 84.2%
9. Crossroads 85.9% 88.7%
8. WestView 87.0% 88.7%
7. East Central 89.7% 89.1%
6. David Thompson 89.7% 89.7%
5. Health Authority 5 86.6% 91.7%
4. Calgary 88.6% 86.5%
3. Headwaters 89.1% 91.3%
2. Palliser 83.7% 91.4%
1. Chinook 83.8% 93.6%
0% 20% 40% 60% 80% 100%
% of Respondents Who Said That the Quality of Health Care Personally Received in the Past 12 Months Was Excellent or Good
1996
1995

4.8 *Satisfaction With Health System*

Figure 19 shows that the majority of respondents in 1995 and 1996 were very satisfied or somewhat satisfied with the health care system in Alberta. Satisfaction changed significantly from 1995 to 1996 with fewer respondents selecting very satisfied in 1996 and more selecting somewhat satisfied. In 1996, 20.9% of respondents were very satisfied, 45.7% said they were somewhat satisfied, 14.8% chose neither satisfied nor dissatisfied, 14.1% were somewhat dissatisfied, while 4.5% said they were dissatisfied.

Figure 20 shows satisfaction with the health care system, by health region and year of survey (1995, 1996). The percentage of respondents who said that they were satisfied with the health care system appeared to be somewhat higher in 1996 than in 1995 for 8 of the 17 health regions. Satisfaction with the health care system was higher than the provincial average for respondents in the Calgary region while satisfaction in the Capital (Edmonton) region was lower than average. The Alberta total fell slightly from 67.3% of respondents who said that they were either very satisfied or somewhat satisfied with the health care system in Alberta in 1995 to 66.6% in 1996.

Figure 19

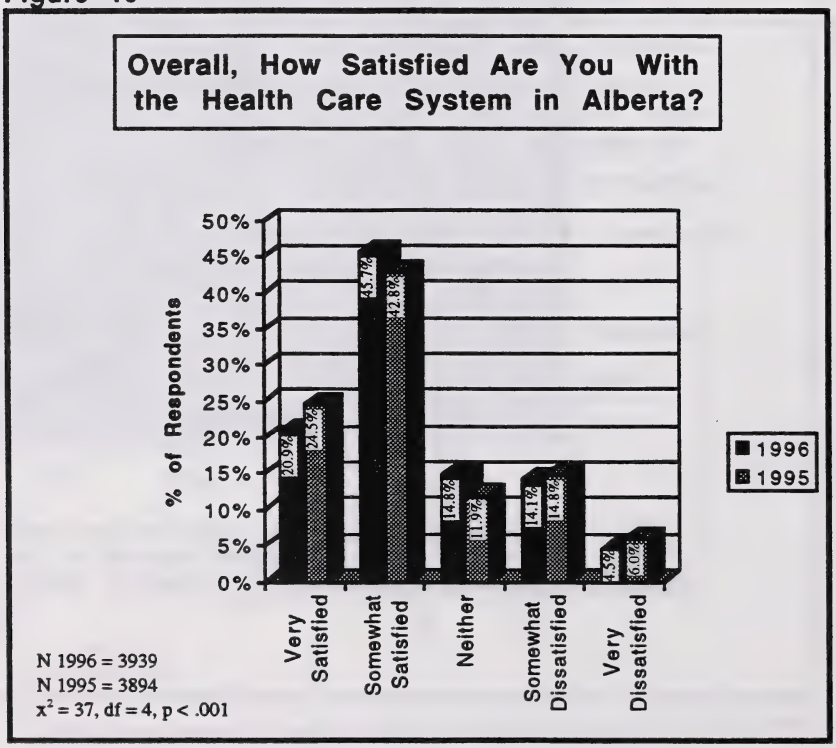
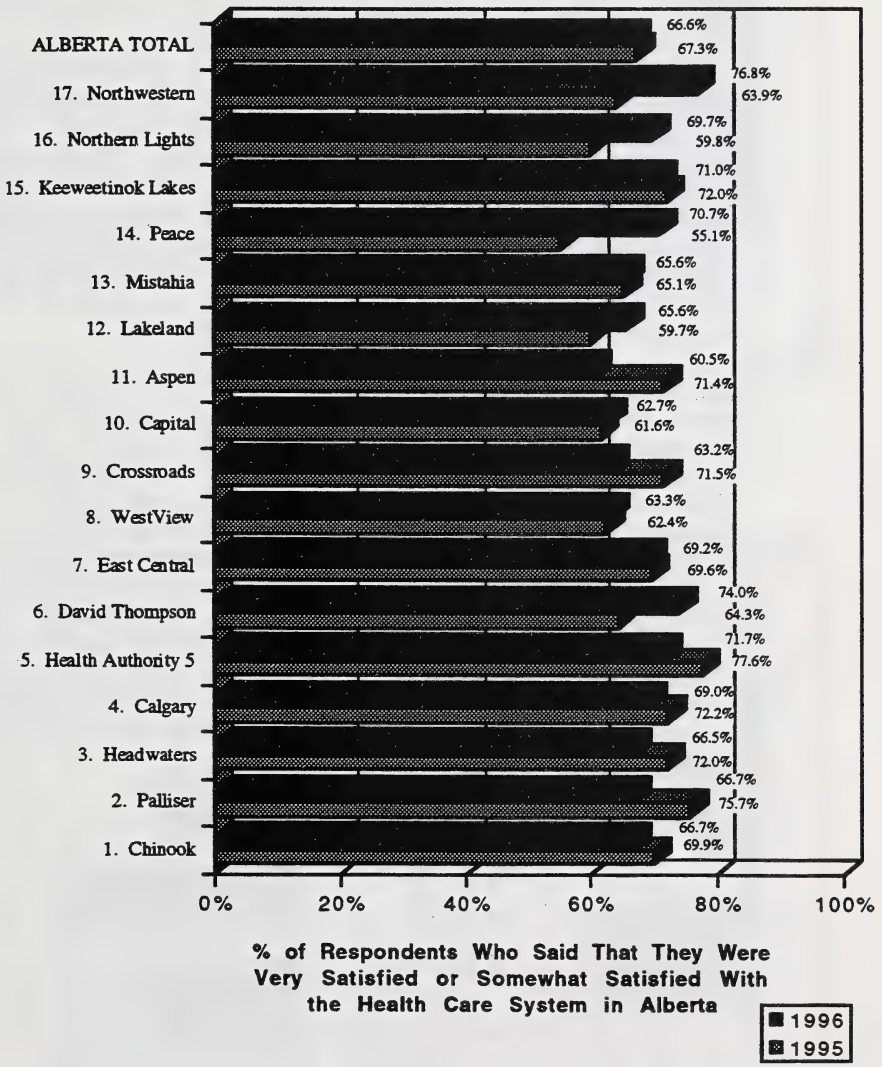


Figure 20

Overall Satisfaction With the Health Care System in Alberta, by Health Region



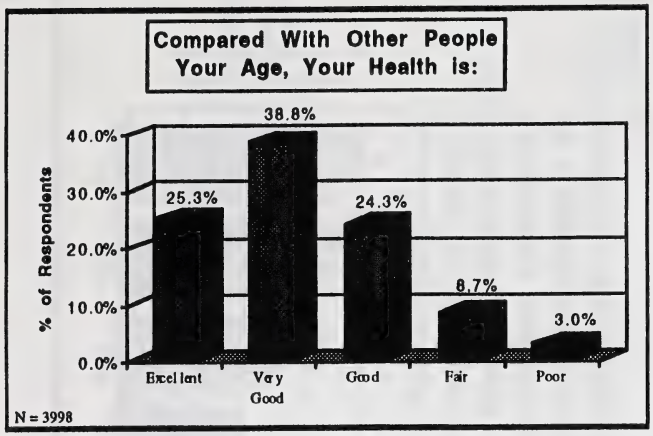
5 *Self-Reported Health Status and Health Needs*

In addition to the key performance measure of self-reported health status (see pages 15-16 of this report), respondents were asked three additional questions regarding their health and health needs. These three questions were: "Do you have a chronic health problem which requires regular health services?" "How would you describe your own level of need for health services during the past year? Would you say low, moderate, or high?" and "Think about the person living in your household, including yourself, who had the greatest need for health services during the past year. How would you describe this person's level of need? Would you say low, moderate, or high?" Figure 21 shows the responses to these four questions. While people generally reported a relatively high level of health, about one in four (22%) reported a chronic health problem which requires regular health services. Just the same, less than one in ten (8%) reported that their need for health services was high. When asked about all members in their household, 16% said that there was a person in their household who had a high level of need for health services.

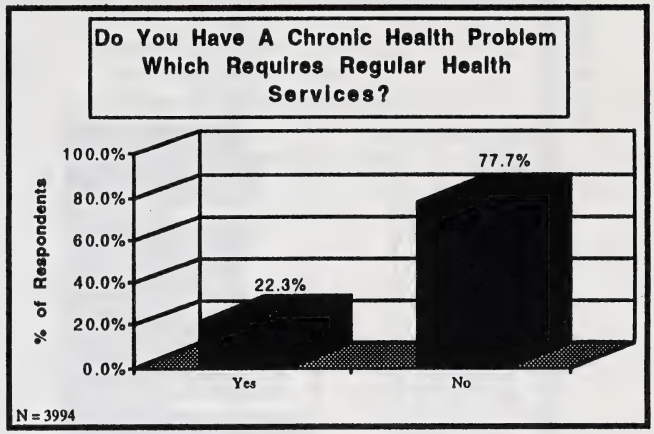
Figure 22 shows that older persons tended to report somewhat lower health levels than younger respondents and that males and females reported similar health levels, when controlling for age. Figure 23 shows that females and older age groups were more likely to report chronic health problems which require regular health services. Figure 24 shows that females tended to report a higher level of need for health services in the past year than males, controlling for age (except for the 75+ age group). Reported need tended to rise with age for males but showed no clear pattern by age for females. Finally, Figure 25 shows the average (mean) level of need for health services for the person in the household with the highest level of need, by age and sex of respondent. Reported need for health services tended to rise with the age of the male respondent, but showed no clear trend by age for female respondents.

Figure 21
Health and Health Needs

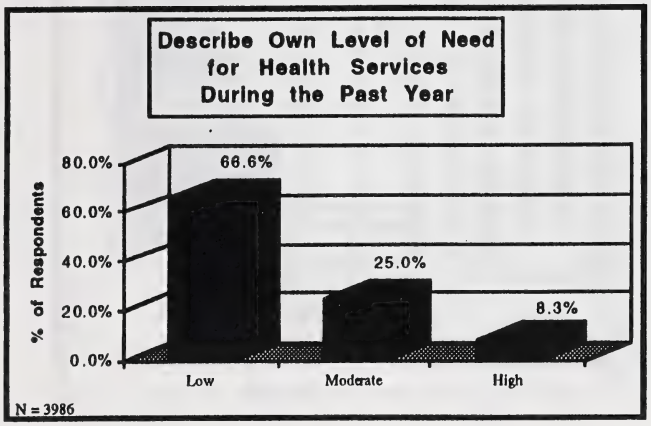
a



b



c



d

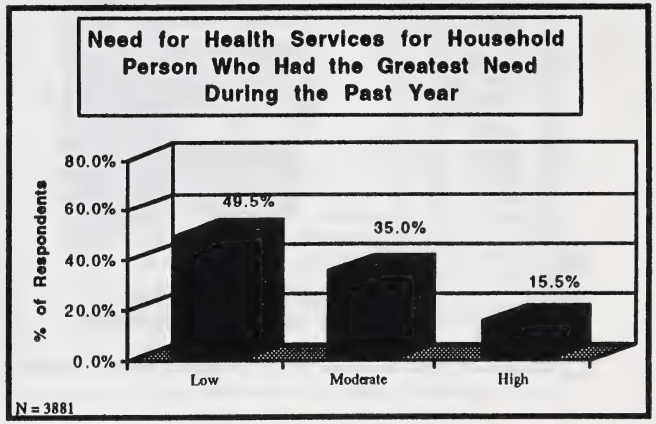
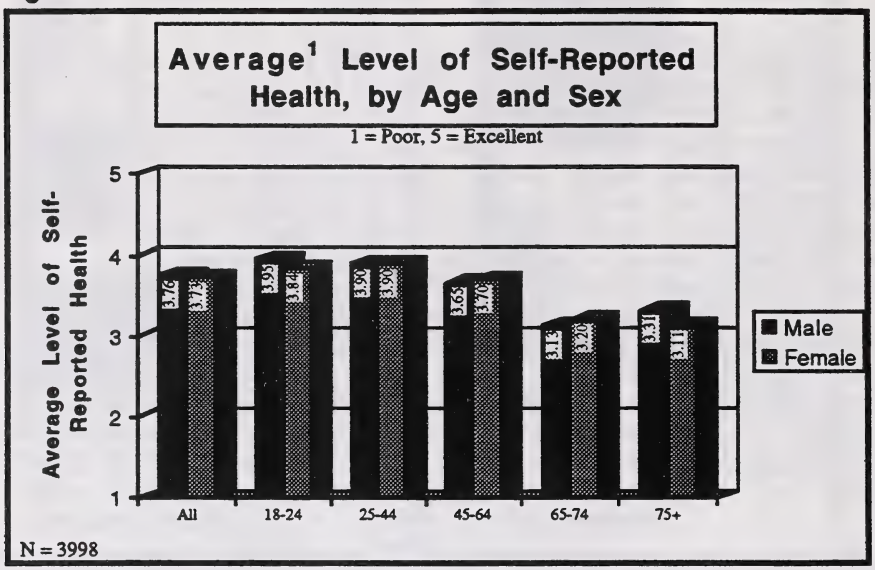


Figure 22



1. The average used is the statistical mean.

Figure 23

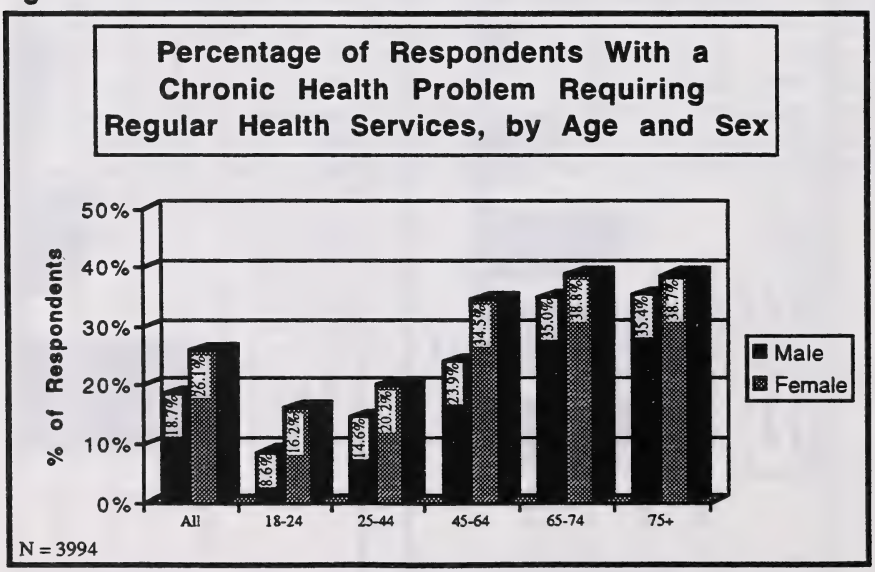


Figure 24

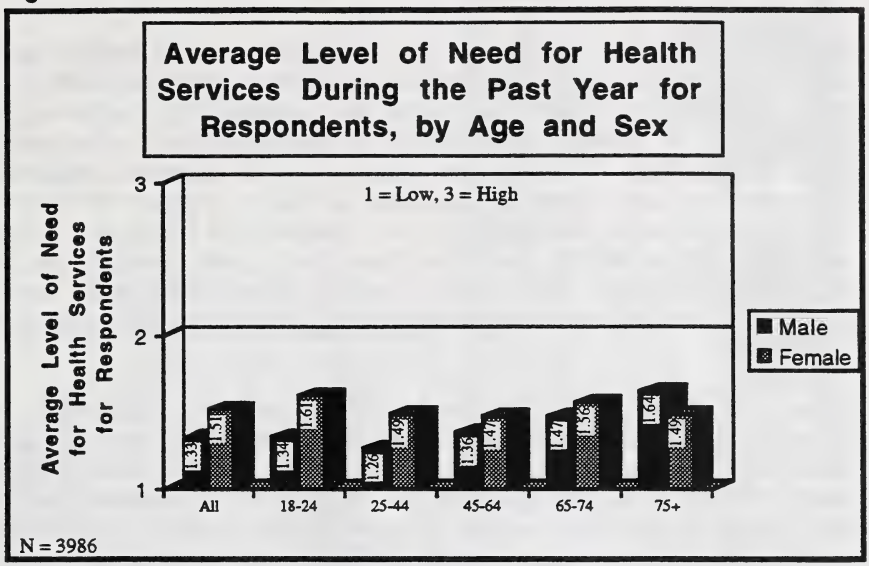
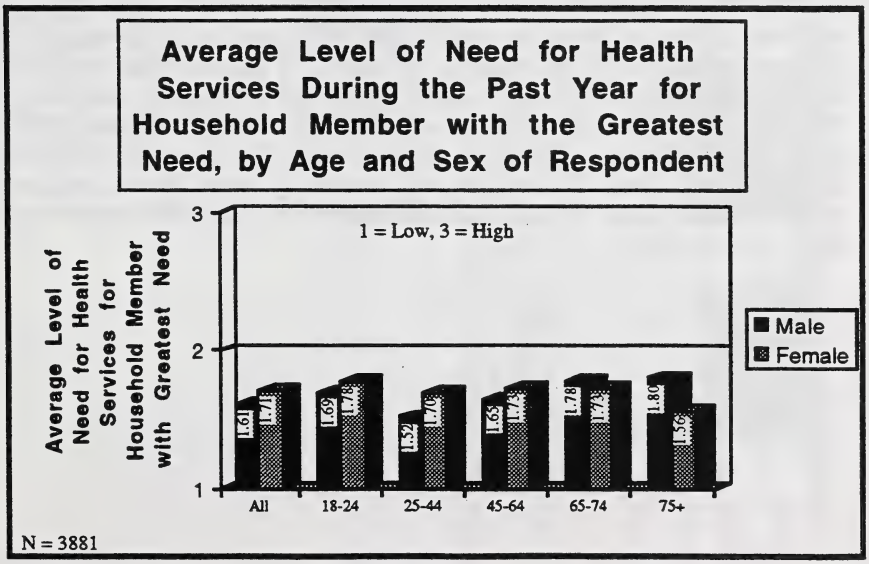


Figure 25



6 Behavioural and Lifestyle Contributions to Health

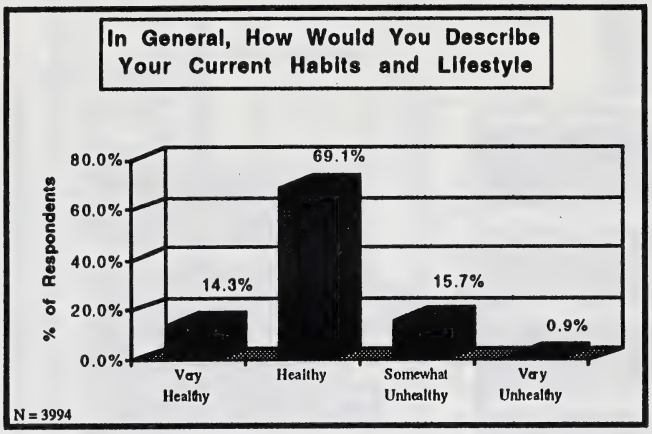
Respondents were asked to describe their current habits and lifestyle (very healthy, healthy, somewhat unhealthy, very unhealthy). They were then asked if they had made any changes to improve their health in the past 12 months or planned to make any such changes in the next 12 months. Finally, respondents were asked to indicate which changes they had made or planned to make. Figure 26 shows that most respondents considered their habits and lifestyle to be healthy. Almost one-half (43%) said that they had made changes in the past 12 months to improve their health and as many (46%) said that they planned to make changes in the next 12 months to improve their health.

Figure 27 shows that females tended to report a somewhat healthier lifestyle than their male counterparts, controlling for age, and that older age groups had a tendency to report a somewhat healthier lifestyle than younger age groups. Figure 28 indicates that females were more likely than males to have made changes in the past 12 months to improve their health and that younger adults were most likely to have made such changes. Similarly, Figure 29 shows that females were more likely than males to plan to make changes in the next 12 months to improve their health and that younger adults were most likely to plan to make such changes.

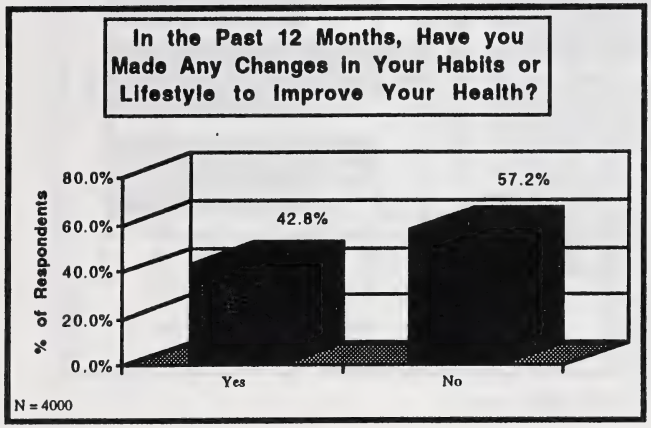
Figure 30 shows that the most common changes made in the past 12 months by respondents to improve their health were increased exercise (28% of females and 21% of males) and changed diets (28% of females and 18% of males). Figure 31 shows that these were also the most common changes that people planned to make in the next 12 months. That is, 29% of females and 25% of males planned to take more exercise and 15% of females and 10% of males planned to change their diet. Plans to quit smoking were also common with 10% of both males and females indicating that they planned to quit in the next 12 months.

Figure 26
Habits and Lifestyles

a



b



c

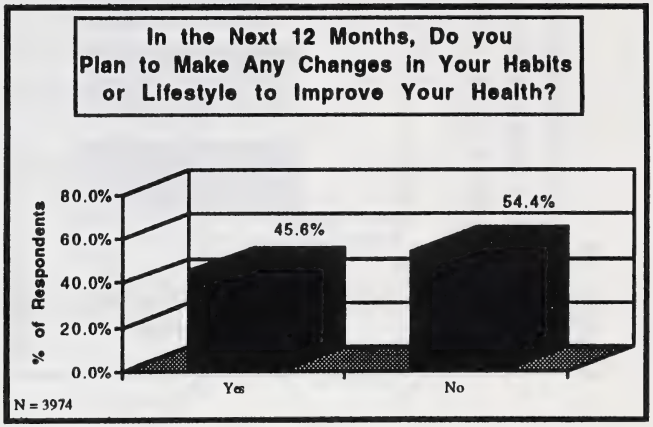


Figure 27

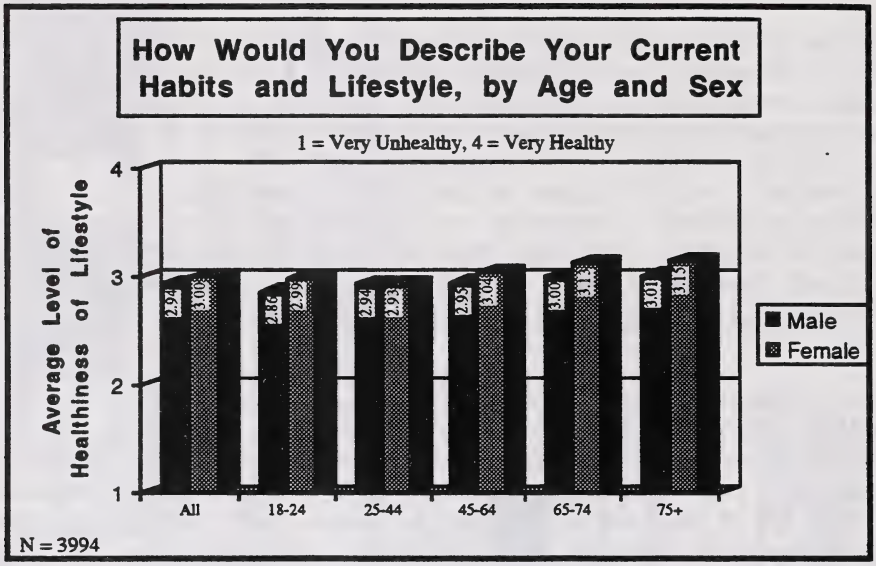


Figure 28

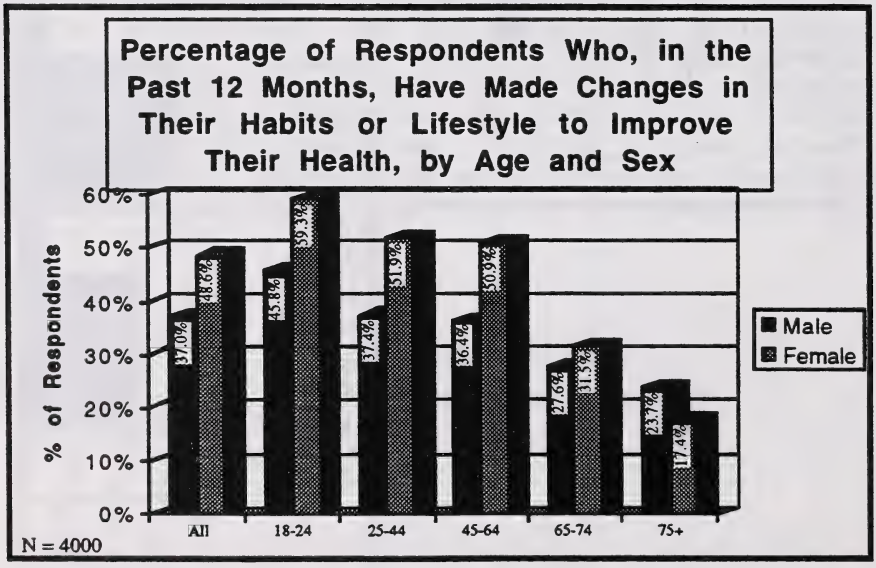


Figure 29

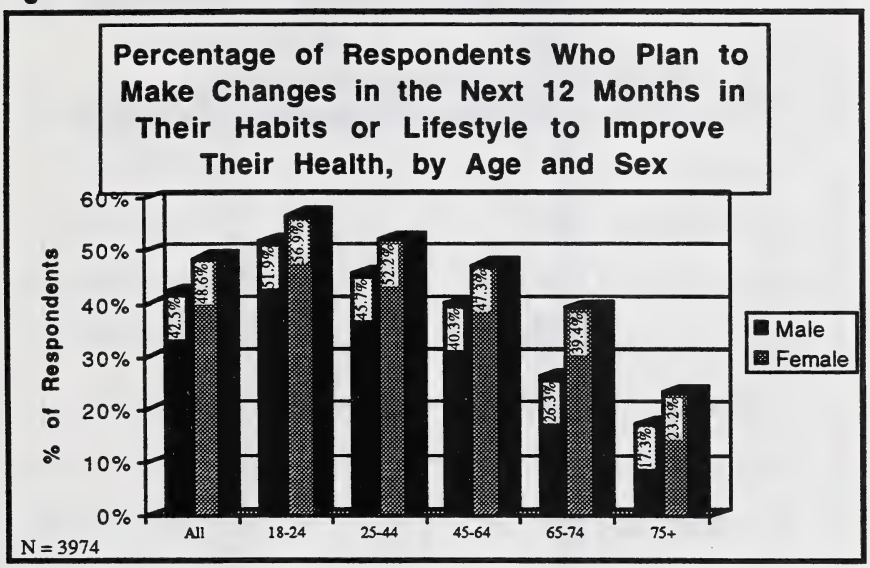

Percentage of Respondents Who Plan to Make Changes in the Next 12 Months in Their Habits or Lifestyle to Improve Their Health, by Age and Sex
% of Respondents
60%
50%
40%
30%
20%
10%
0%
42.5%
48.6%
51.9%
56.9%
45.7%
52.2%
40.3%
47.3%
26.3%
39.4%
17.3%
23.2%
All
18-24
25-44
45-64
65-74
75+
Male
Female
N = 3974

Figure 30

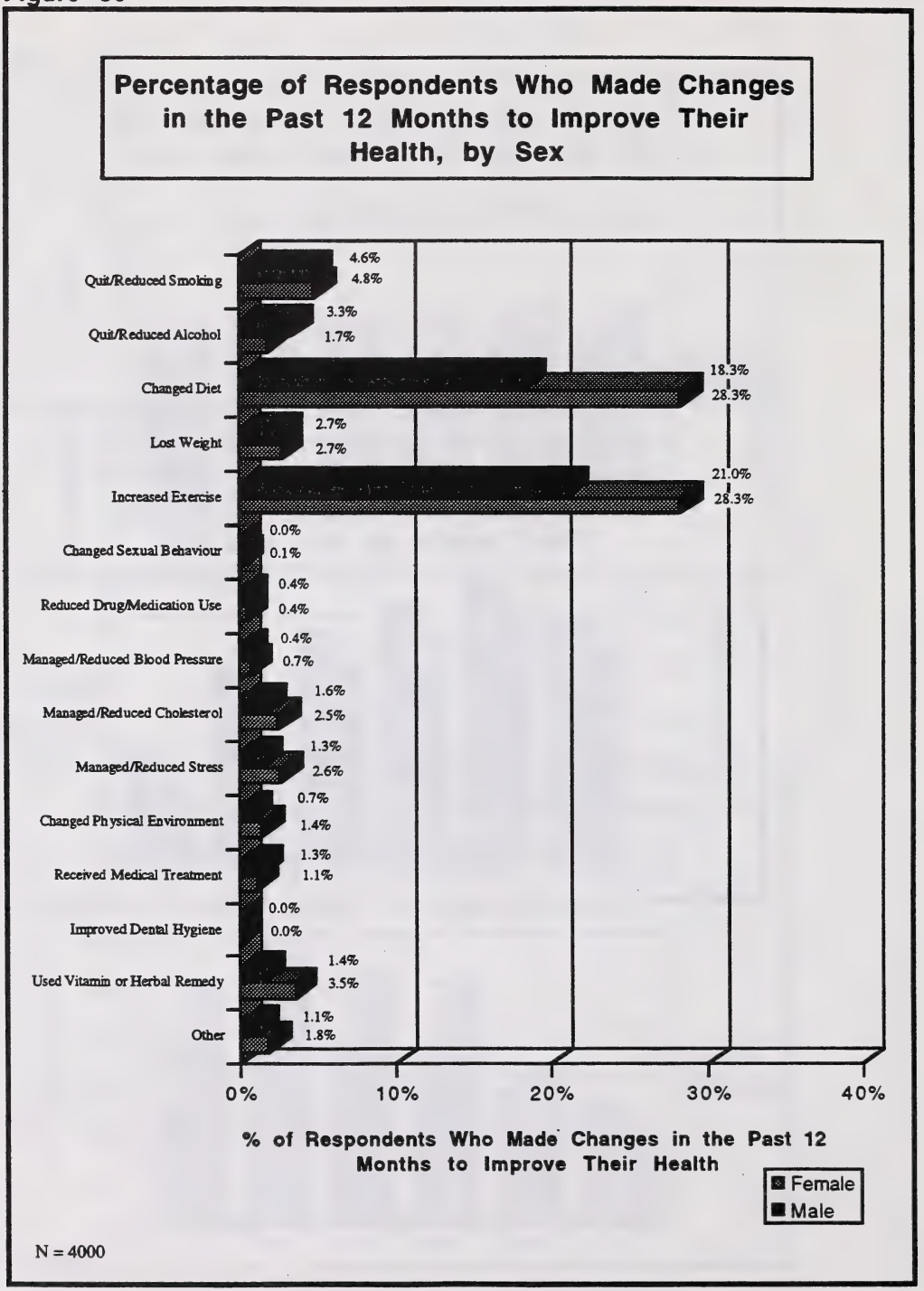
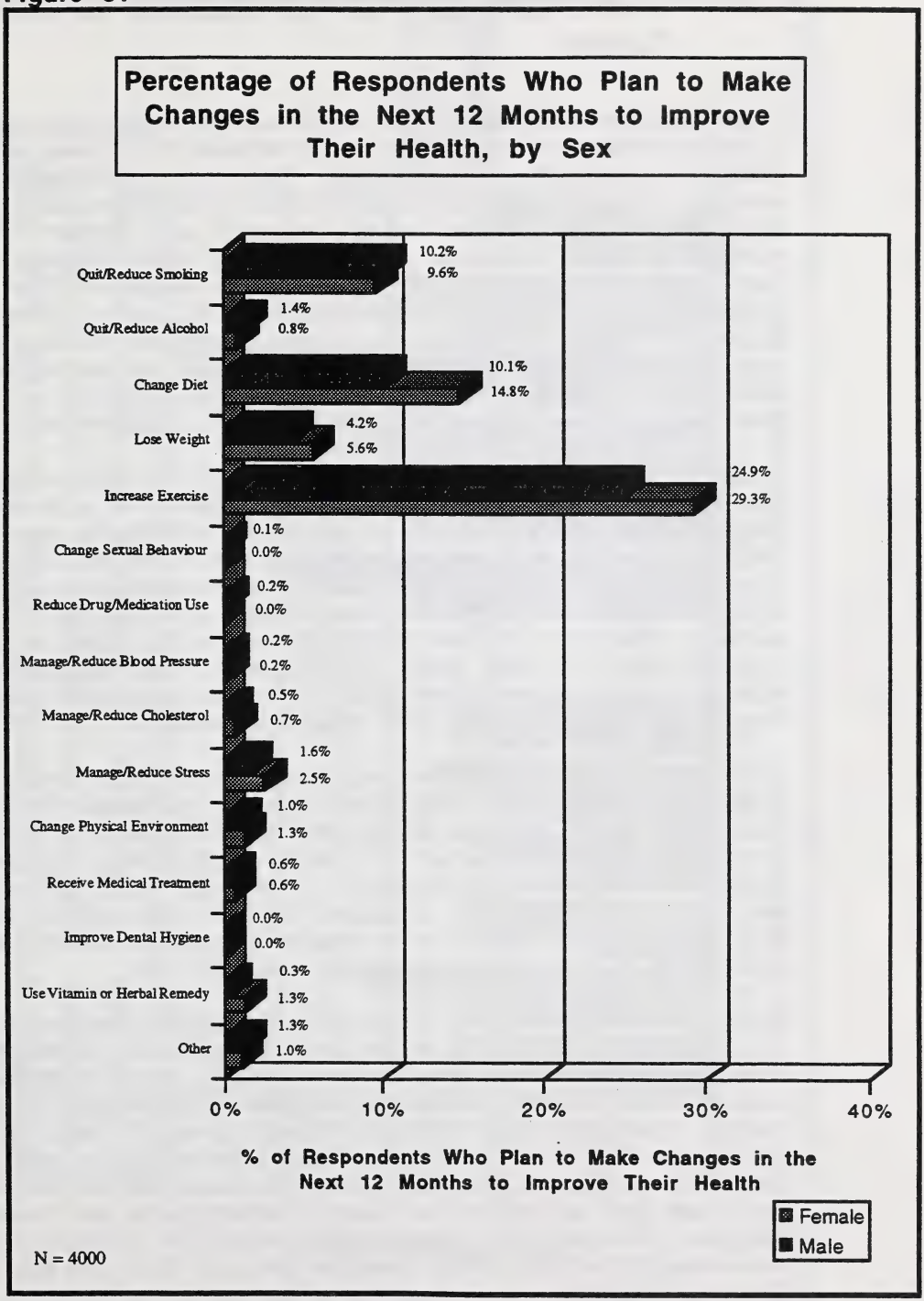

Percentage of Respondents Who Made Changes in the Past 12 Months to Improve Their Health, by Sex
Quit/Reduced Smoking
4.6%
4.8%
Quit/Reduced Alcohol
3.3%
1.7%
Changed Diet
18.3%
28.3%
Lost Weight
2.7%
2.7%
Increased Exercise
21.0%
28.3%
Changed Sexual Behaviour
0.0%
0.1%
Reduced Drug/Medication Use
0.4%
0.4%
Managed/Reduced Blood Pressure
0.4%
0.7%
Managed/Reduced Cholesterol
1.6%
2.5%
Managed/Reduced Stress
1.3%
2.6%
Changed Physical Environment
0.7%
1.4%
Received Medical Treatment
1.3%
1.1%
Improved Dental Hygiene
0.0%
0.0%
Used Vitamin or Herbal Remedy
1.4%
3.5%
Other
1.1%
1.8%
0%
10%
20%
30%
40%
% of Respondents Who Made Changes in the Past 12 Months to Improve Their Health
Female
Male
N = 4000

Figure 31


Percentage of Respondents Who Plan to Make Changes in the Next 12 Months to Improve Their Health, by Sex
Quit/Reduce Smoking
10.2%
9.6%
Quit/Reduce Alcohol
1.4%
0.8%
Change Diet
10.1%
14.8%
Lose Weight
4.2%
5.6%
Increase Exercise
24.9%
29.3%
Change Sexual Behaviour
0.1%
0.0%
Reduce Drug/Medication Use
0.2%
0.0%
Manage/Reduce Blood Pressure
0.2%
0.2%
Manage/Reduce Cholesterol
0.5%
0.7%
Manage/Reduce Stress
1.6%
2.5%
Change Physical Environment
1.0%
1.3%
Receive Medical Treatment
0.6%
0.6%
Improve Dental Hygiene
0.0%
0.0%
Use Vitamin or Herbal Remedy
0.3%
1.3%
Other
1.3%
1.0%
0%
10%
20%
30%
40%
% of Respondents Who Plan to Make Changes in the Next 12 Months to Improve Their Health
Female
Male
N = 4000

7 The Family's Contribution to Health Care

Respondents were asked if they had **received** health care support from a family member and also if they had **provided** health care support to a family member in the past 6 months. One in five said that they had recently received health care support from a family member and one in three said that they had recently provided such support. Support received included emotional support (27% of those persons receiving care), home/personal care (25%), household errands (18%), transportation (14%), financial/supplies (13%), and child care (4%). Support provided, as opposed to received, included home/personal care (30% of those persons who provided care), emotional support (25%), transportation (20%), household errands (11%), financial/supplies (6%), child care (5%), and palliative care (2%).

Figure 32 shows that females were more likely to have received health care support from a family member than males at all ages (except 75 + years of age). The percentage of respondents receiving support tended to be highest for females 18-24 years of age and for males 18-24 and 75+ years of age. Figure 32 also shows that generally persons 25 and older tended to provide more health care support to family members than they received (except for males 75+ years of age who received more than they gave). Furthermore, Figure 32 shows that women at all ages were more likely to provide health care support to family members than were their male counterparts.

Of those persons who provided support, 45% said that it was not an inconvenience, 40% said that it was a minor inconvenience or disruption, while 16% (5% of the total sample) indicated that providing health care support to a family member was a major disruption of their normal activities. Figure 33 shows that women were more likely than men to report that providing health care support to a family member was a major disruption. Disruption was most likely to be reported by women aged 45 to 64.

Respondents were asked if, in the past 6 months, they had paid to obtain health care support in the home for self or for a family member (spouse/partner, parent, grandparent, sibling, child, or grandchild). A total of 4.6% answered yes to this question and indicated that their median expenditure was $250.00 although about 1% said that they had spent over $1000.00. The types of health care support most frequently purchased included home care nurse (30% of those paying for health care support in the home), prescriptions and medical supplies (16% and 12% respectively), alternative therapy (11%), and housekeeping services (8%). Another 9% said that they had provided financial support.

Figure 32

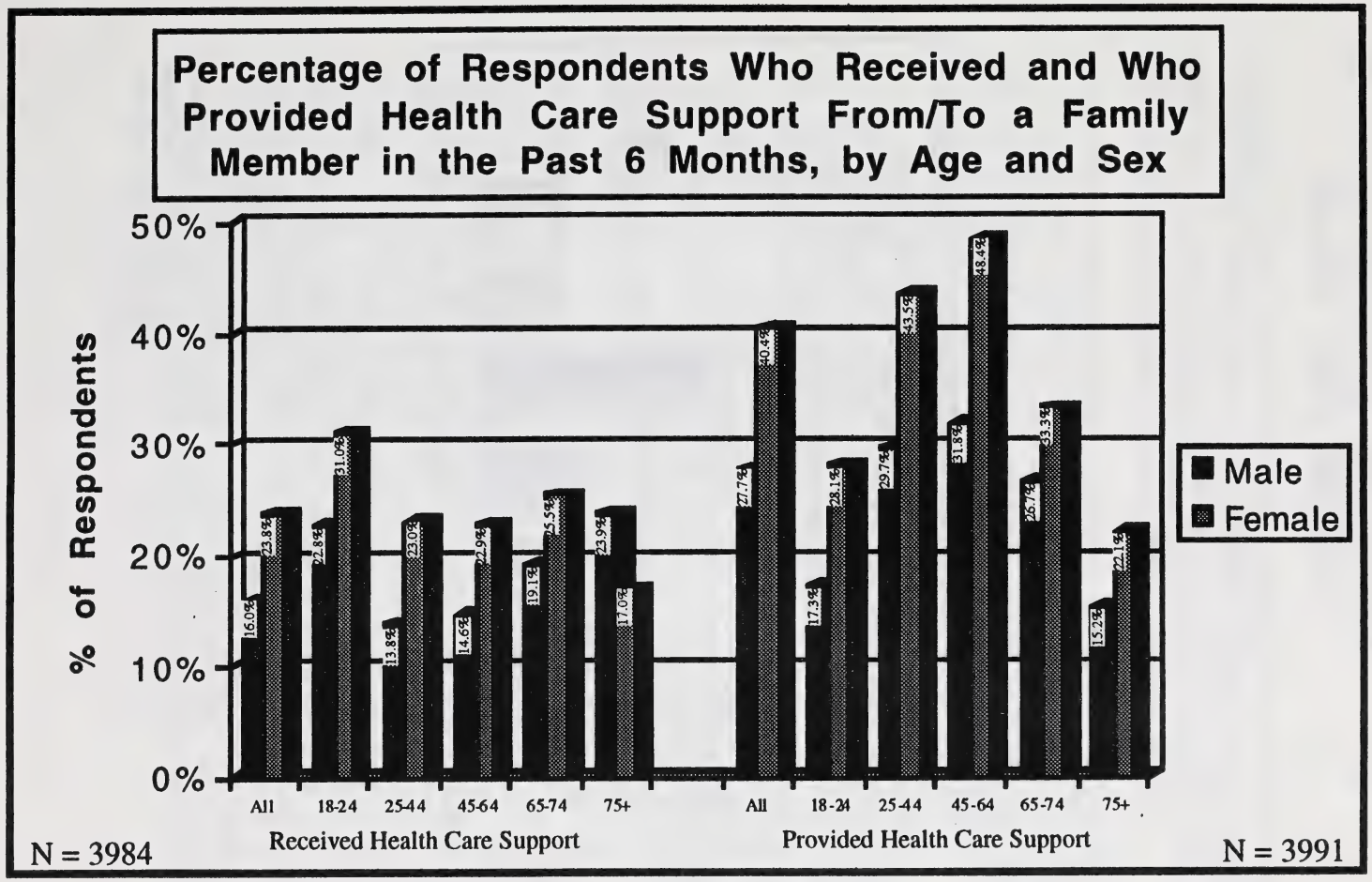
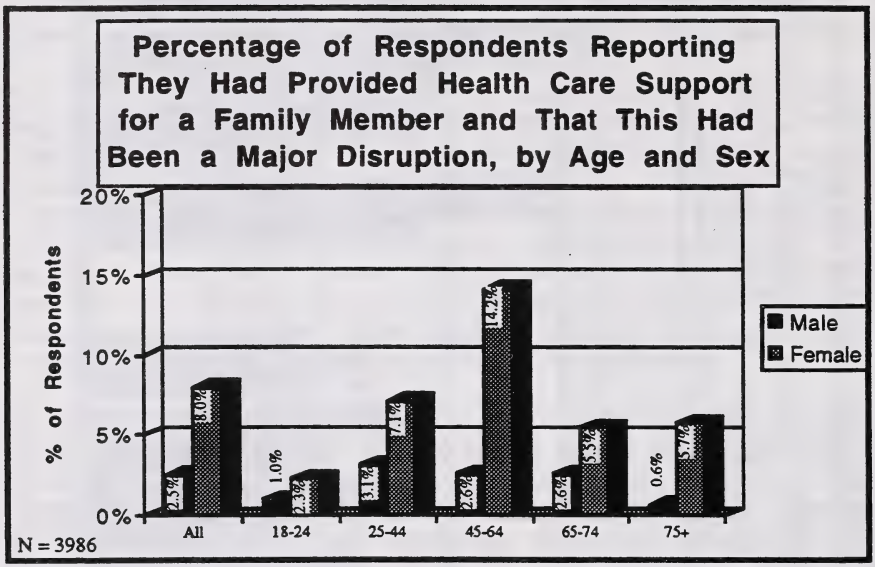

Percentage of Respondents Who Received and Who Provided Health Care Support From/To a Family Member in the Past 6 Months, by Age and Sex
% of Respondents
50%
40%
30%
20%
10%
0%
16.0%
23.8%
22.8%
31.0%
13.8%
23.0%
14.6%
22.9%
19.1%
25.5%
23.9%
17.0%
27.7%
40.4%
17.3%
28.1%
29.7%
43.5%
31.8%
48.4%
26.7%
33.3%
15.2%
22.1%
All
18-24
25-44
45-64
65-74
75+
All
18-24
25-44
45-64
65-74
75+
Male
Female
N = 3984
Received Health Care Support
Provided Health Care Support
N = 3991

Figure 33


Percentage of Respondents Reporting They Had Provided Health Care Support for a Family Member and That This Had Been a Major Disruption, by Age and Sex
% of Respondents
20%
15%
10%
5%
0%
2.5%
8.0%
1.0%
2.3%
3.1%
7.1%
2.6%
14.2%
2.6%
5.3%
0.6%
5.7%
All
18-24
25-44
45-64
65-74
75+
Male
Female
N = 3986

8 Availability and Accessibility of Health Care Services

Respondents were asked "Overall, how would you rate the availability of health care services in your community? Would you say excellent, good, fair, or poor?" Figure 34 shows that availability was perceived generally to be good (see also pages 20-21 of this report). Perceptions of availability did not vary substantially by either age or sex.

Respondents were then asked "How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is very easy, easy, a bit difficult, or very difficult?" Figure 35 shows that accessibility was perceived generally to be easy (see also pages 22-23 of this report). Perceptions of accessibility were slightly lower for females and showed no consistent pattern by age.

Four percent of respondents said that it was "very difficult" for them to get the health care services they needed when they needed them and another 21% said that it was "a bit difficult". These respondents who had reported a degree of difficulty accessing services were asked "What makes it difficult for you?" and all answers were recorded (that is, respondents could give more than one answer). Figure 36 shows that the most frequently mentioned problems related to time: long waits, service not available when needed, and service not available at a convenient time. Other barriers to health care service which were mentioned relatively often included distance required to travel to get service and not enough health professionals.

All respondents were next asked "At this time, are you or a person living in your household waiting for a medical treatment, consultation, surgery, home care services, or long term care placement?" One in eight persons said "yes". Respondents who reported that they or a household member were waiting for health care service were then asked for what service they were waiting. Fifty-six percent were waiting for consultation/tests while another 30% were waiting for surgery. Five percent were waiting for medical treatment and less than 5% were waiting for each of rehabilitation treatment, dental treatment, long-term placement, or home care services. These respondents were also asked how long they had been waiting and how much longer they expected to wait. Finally, they were asked how long a wait was acceptable for the service they sought. The median person waiting for service reported having waited 6 weeks, expected to wait another 4 weeks, and felt that a total wait of 3 weeks was acceptable for the service sought.

Figure 34

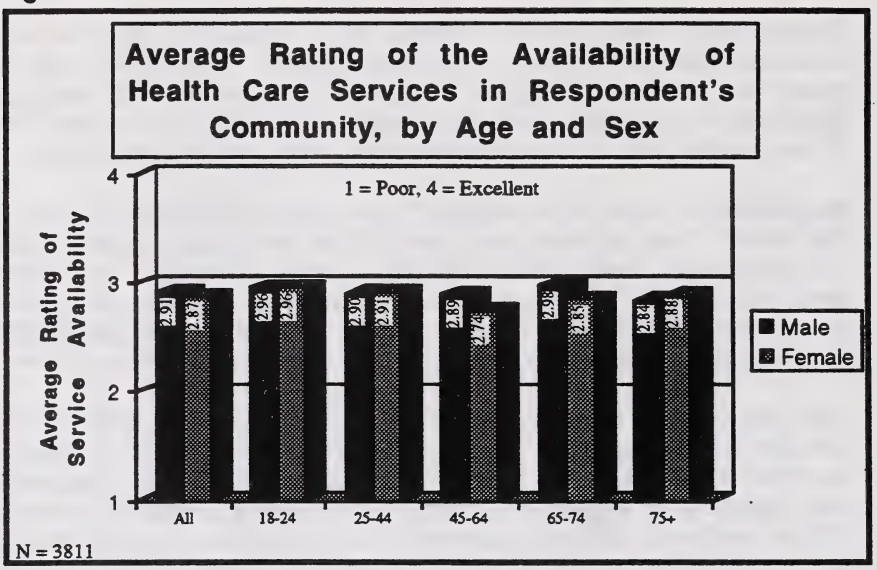


Figure 35

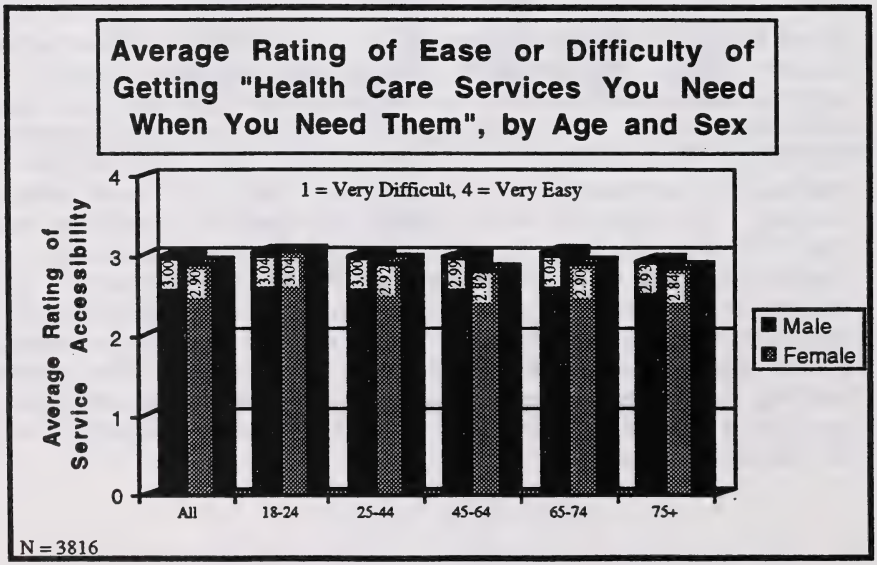
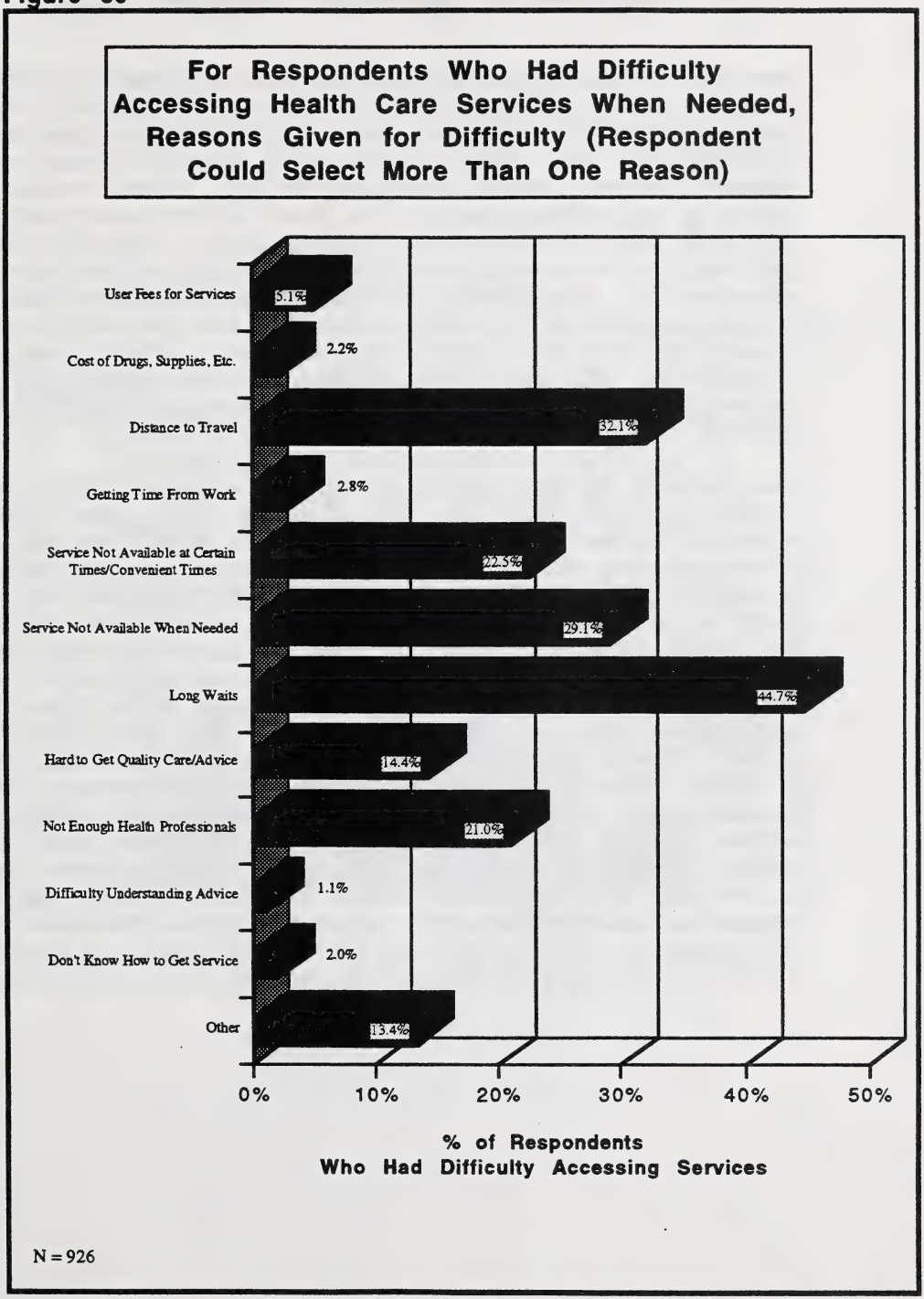


Figure 36


For Respondents Who Had Difficulty Accessing Health Care Services When Needed, Reasons Given for Difficulty (Respondent Could Select More Than One Reason)
User Fees for Services
5.1%
Cost of Drugs, Supplies, Etc.
2.2%
Distance to Travel
32.1%
Getting Time From Work
2.8%
Service Not Available at Certain Times/Convenient Times
22.5%
Service Not Available When Needed
29.1%
Long Waits
44.7%
Hard to Get Quality Care/Advice
14.4%
Not Enough Health Professionals
21.0%
Difficulty Understanding Advice
1.1%
Don't Know How to Get Service
2.0%
Other
13.4%
0%
10%
20%
30%
40%
50%
% of Respondents
Who Had Difficulty Accessing Services
N = 926

9 Failure to Receive Needed Care

Seven percent of respondents said that over the past 12 months they had been unable to obtain health care services when they needed them (see also pages 24-25 of this report). Figure 37 shows that females generally were more likely to report being unable to obtain needed services than were males, controlling for age. There were no clear trends by age, although seniors 75+ years old were least likely to say that they were unable to obtain needed services. Figure 38 indicates that very few respondents were unable to obtain any particular service, when needed. Being unable to obtain the services of medical doctors (either specialists or general practitioners) was the most frequently reported problem (although by only 1.8% and 1.6% of respondents respectively). The third most common problem reported (by 1.3% of respondents) was being unable to obtain emergency care when needed.

Respondents who were unable to obtain one or more health care services when needed in the past 12 months were asked to give one reason to explain why they could not get the service (see Figure 39). Of the relatively small number who could not obtain services when needed, three out of ten persons said that the reason was that they could not get an appointment with a health professional. About one in five said that they had to wait too long, and about one in six said that the service was not available nearby or was not conveniently located. When asked if not being able to obtain a health service when needed had had any effect on themselves, 17% said that their health became worse, 17% said that they suffered pain, and 15% said that there was no effect. Others reacted with emotional stress or anxiety (13%), or became angry or upset (13%). Nine percent travelled elsewhere for service, and 7% reported that they experienced some financial impact. Figure 40 shows that when asked "What happened next?" one in four said that they never received the needed service while another one in ten said that they got better on their own. Two out of every three persons unable to get care when needed said that they either got the service later or obtained the needed service somewhere else.

Figure 37

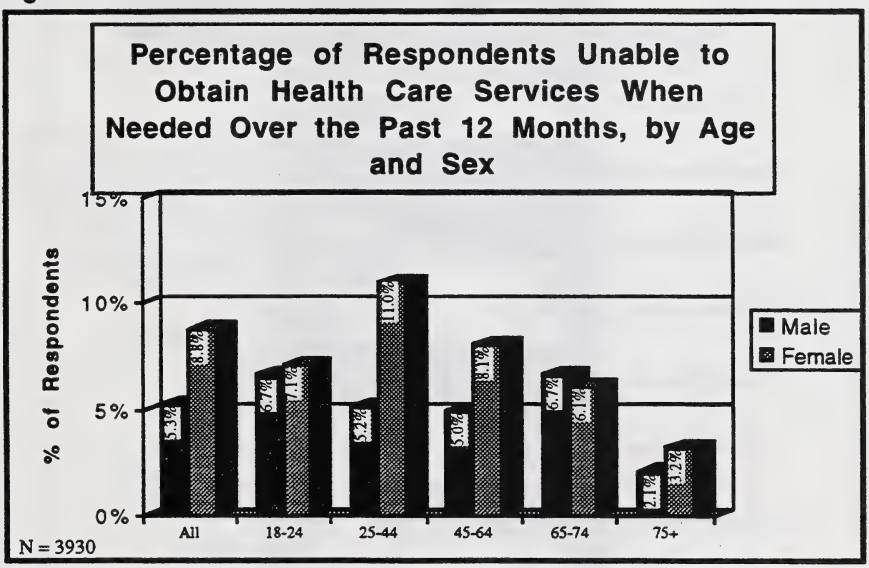

Percentage of Respondents Unable to Obtain Health Care Services When Needed Over the Past 12 Months, by Age and Sex
% of Respondents
15%
10%
5%
0%
5.3%
8.8%
6.7%
7.4%
5.2%
11.0%
5.0%
8.1%
6.7%
6.5%
2.1%
3.2%
All
18-24
25-44
45-64
65-74
75+
Male
Female
N = 3930

Figure 38

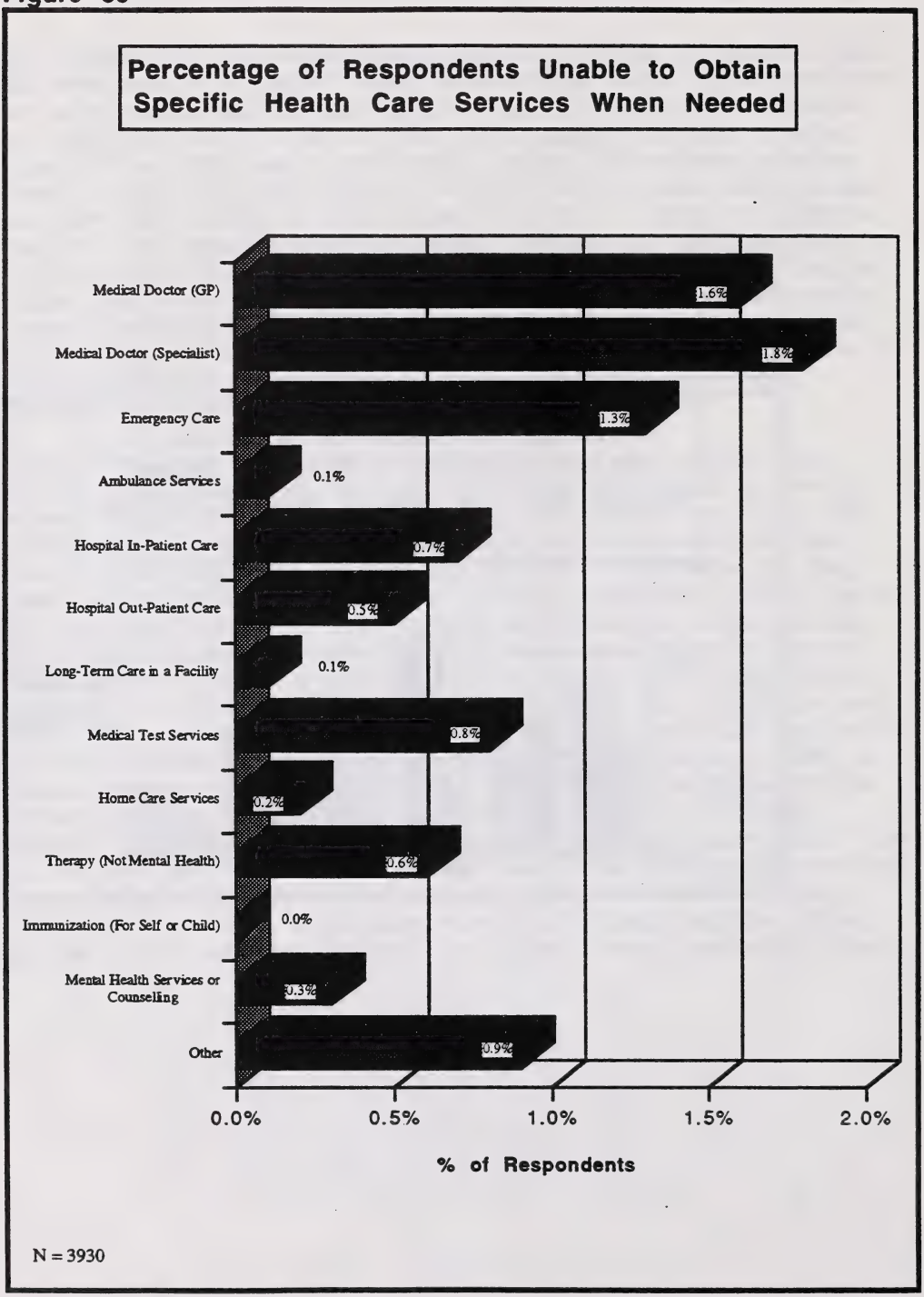

Percentage of Respondents Unable to Obtain Specific Health Care Services When Needed
Medical Doctor (GP)
1.6%
Medical Doctor (Specialist)
1.8%
Emergency Care
1.3%
Ambulance Services
0.1%
Hospital In-Patient Care
0.7%
Hospital Out-Patient Care
0.5%
Long-Term Care in a Facility
0.1%
Medical Test Services
0.8%
Home Care Services
0.2%
Therapy (Not Mental Health)
0.6%
Immunization (For Self or Child)
0.0%
Mental Health Services or Counseling
0.3%
Other
0.9%
0.0%
0.5%
1.0%
1.5%
2.0%
% of Respondents
N = 3930

Figure 39

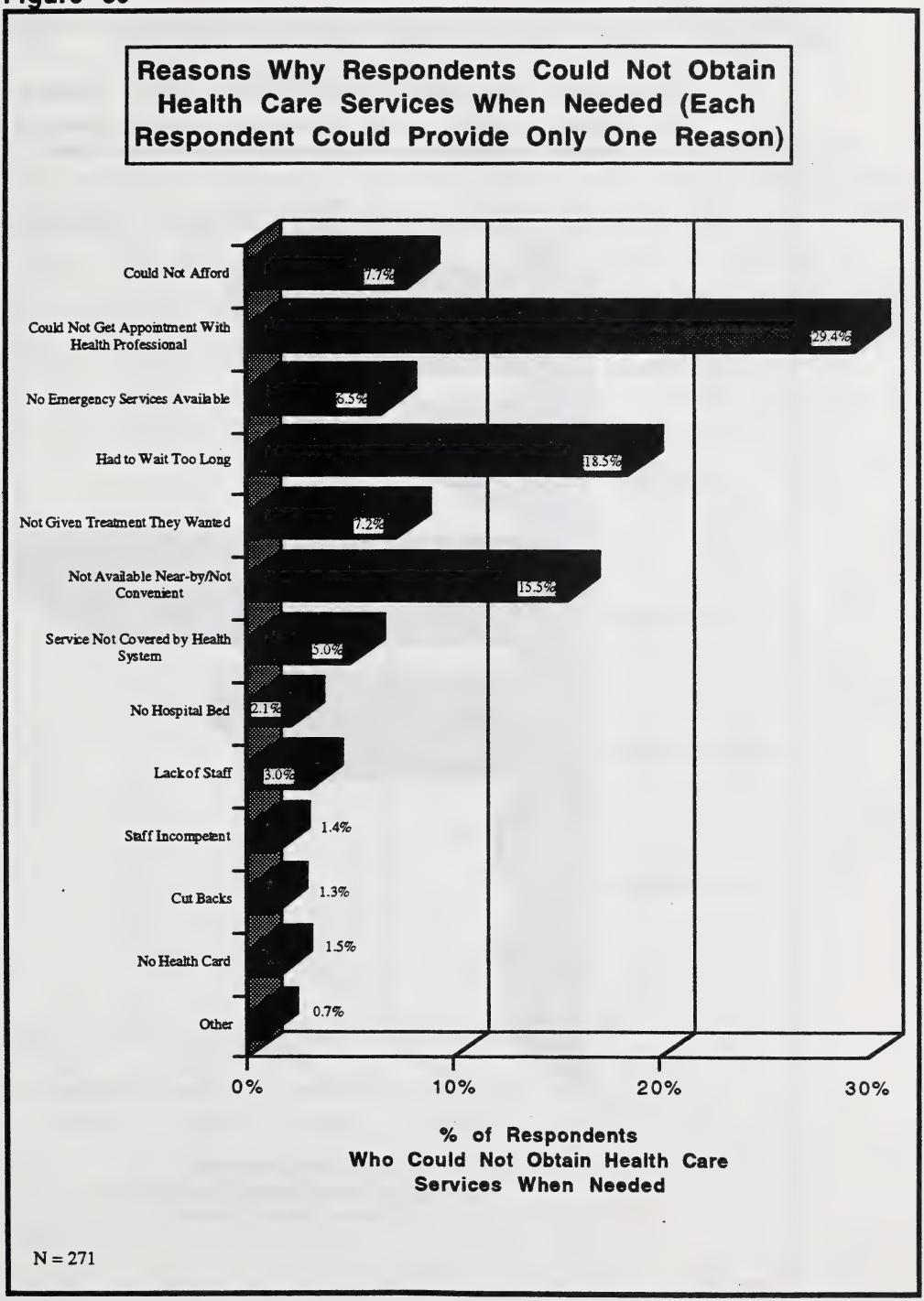
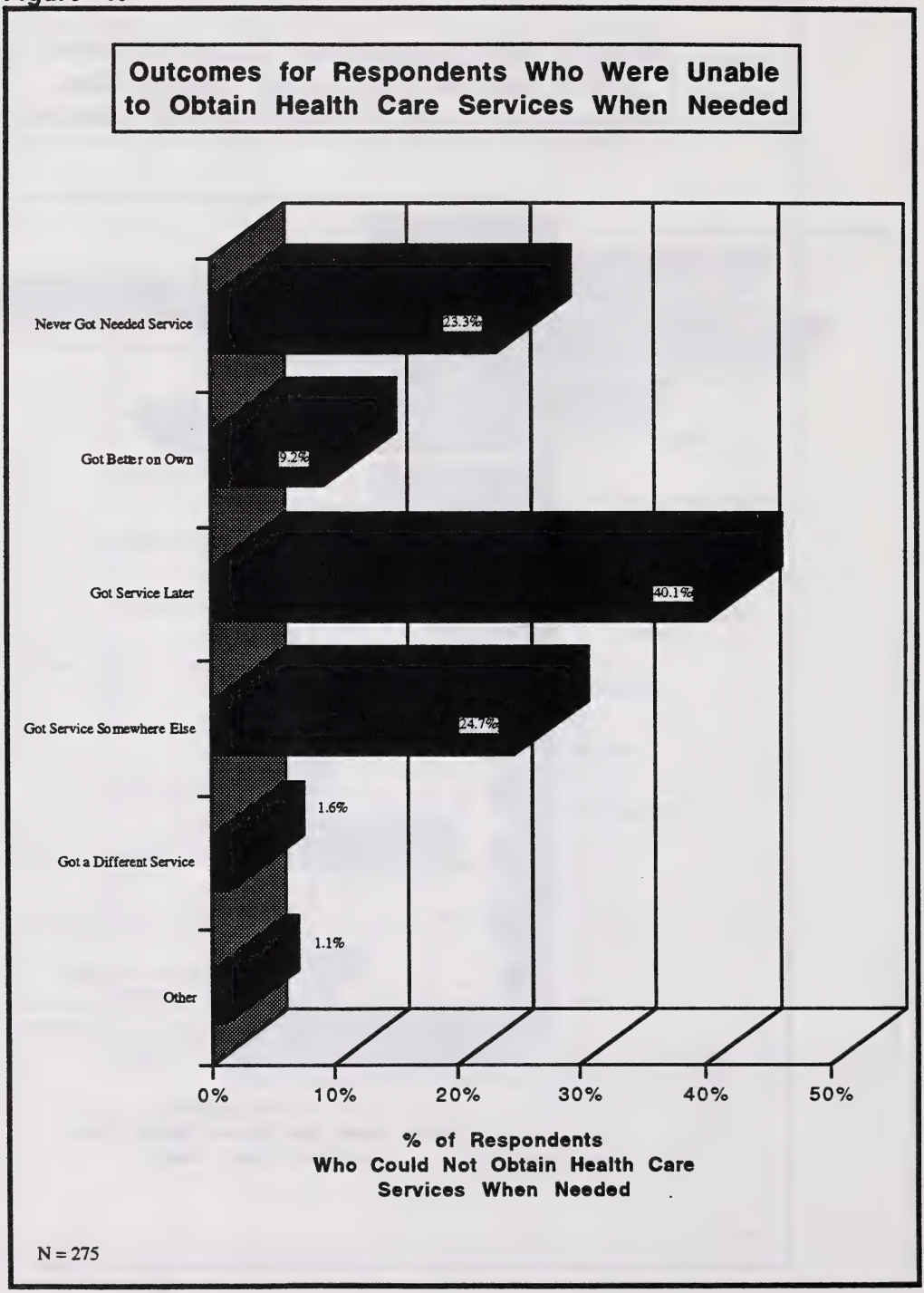

Reasons Why Respondents Could Not Obtain Health Care Services When Needed (Each Respondent Could Provide Only One Reason)
Could Not Afford
7.7%
Could Not Get Appointment With Health Professional
29.4%
No Emergency Services Available
6.5%
Had to Wait Too Long
18.5%
Not Given Treatment They Wanted
7.2%
Not Available Near-by/Not Convenient
15.5%
Service Not Covered by Health System
5.0%
No Hospital Bed
2.1%
Lack of Staff
3.0%
Staff Incompetent
1.4%
Cut Backs
1.3%
No Health Card
1.5%
Other
0.7%
0%
10%
20%
30%
% of Respondents Who Could Not Obtain Health Care Services When Needed
N = 271

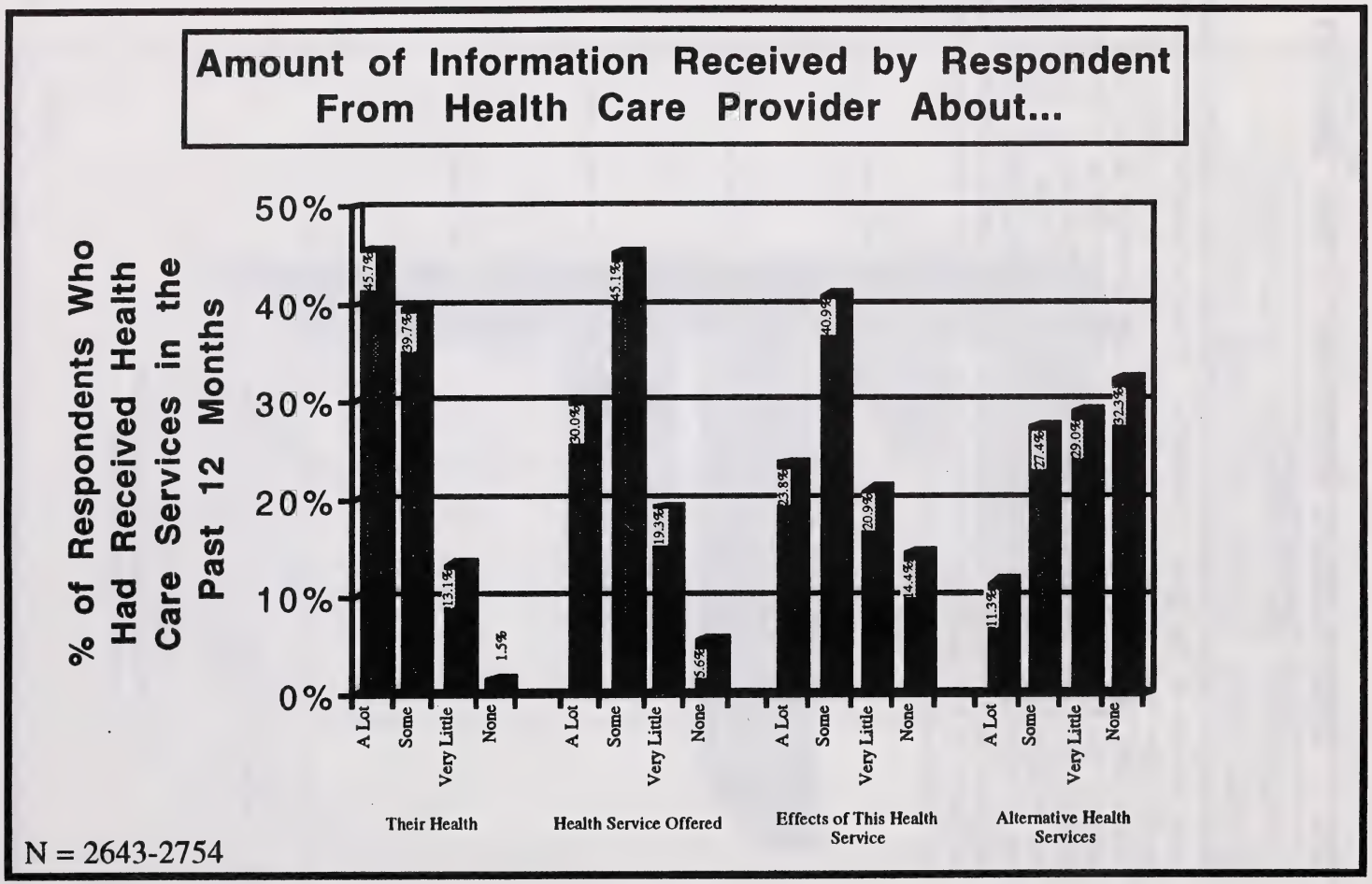
Figure 40


Outcomes for Respondents Who Were Unable to Obtain Health Care Services When Needed
Never Got Needed Service
23.3%
Got Better on Own
9.2%
Got Service Later
40.1%
Got Service Somewhere Else
24.7%
Got a Different Service
1.6%
Other
1.1%
0%
10%
20%
30%
40%
50%
% of Respondents Who Could Not Obtain Health Care Services When Needed
N = 275

10 Information Received From Health Care Providers

Seventy percent of respondents reported that they received health care services in the past 12 months. These persons who had received health care were asked how much information (a lot, some, very little, none) they usually got from the health care provider about their health, the health services offered to them, the effects of the health service on them, and possible alternative health services. Figure 41 shows that the majority of respondents said that they received either a lot of information or some information about their health, the health services offered to them, and the effects of the health service. The majority of respondents, however, said that they received very little or no information about alternative health services.

Figure 41


Amount of Information Received by Respondent From Health Care Provider About...
% of Respondents Who Had Received Health Care Services in the Past 12 Months
50%
40%
30%
20%
10%
0%
45.7%
39.7%
13.1%
1.5%
30.0%
45.1%
19.3%
5.5%
23.8%
40.9%
20.9%
14.4%
11.3%
27.4%
29.0%
32.3%
A Lot
Some
Very Little
None
Their Health
Health Service Offered
Effects of This Health Service
Alternative Health Services
N = 2643-2754

11 Satisfaction With the Health Care System

Respondents were asked to rate on a 4-point scale (excellent, good, fair, or poor): the health care system in Alberta (see also pages 18-19 of this report), the quality of health care services available in their community (see also pages 26-27 of this report), the quality of care personally received in the past 12 months (see also pages 28-29 of this report), and finally, to say how satisfied they were with the health system in Alberta (very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied) (see also pages 30-31 of this report).

Figures 42 to 45 show responses to these questions by age and sex. Figure 42 shows that males tended to rate the health care system in Alberta a little higher than did females. There was also a tendency for ratings to drop slightly with increasing age. Figure 43 shows that males tended to rate the quality of health care services available in their community a little higher than did females. There was no obvious pattern of differences by age. Figure 44 shows that ratings of health care personally received in the past 12 months did not vary noticeably by either age or sex. Finally, Figure 45 shows that satisfaction with the health care system in Alberta was somewhat higher among males in comparison to females and tended to be higher for the youngest and oldest adults in comparison to the middle age groups.

Eleven percent of respondents rated the health care system in Alberta as "poor" while another 30% rated it as "fair". The respondents who rated the health care system as fair or poor were asked "What is it about the health system that makes you rate it as fair/poor?" Respondents could give more than one answer, up to a maximum of three. Most of the reasons given can be grouped into three categories (see Figure 46): funding (cuts, focus on costs and not health, user fees), accessibility and availability of services (long waiting times, harder to get services, fewer hospital services, hospital closures, doctors leaving), and dissatisfaction with quality (low quality, not satisfied with service received, system getting worse).

Almost 70% of respondents had received health care services in the past 12 months. Those who had received services were asked to rate the quality of care received (see Figure 17). Those persons who had received care and who rated it as either "poor" or "fair" (14% responded in this way) were asked "Why do you say that the quality of health service you received was fair/poor?" and multiple responses were recorded, when given. The reasons these persons gave for their rating of care received are shown in Figure 47. The most frequent

complaint concerned having to wait too long. Others complained that they did not get the desired treatment, did not have the opportunity to ask questions, or were not treated with courtesy and respect. Some felt that their health did not get better or got worse.

Almost 10% of respondents who had received health care services in the past 12 months said that they had made a complaint about a health service received during the past year. These complaints were most often directed to the respondent's doctor, the person in charge of the facility, or the person providing the service. Informally, complaints were frequently made to family, friends, or neighbours. Complaints were also directed to the Regional Health Authority, professional bodies such as the College of Physicians and Surgeons, Alberta Health, and to government including MLAs, the Minister of Health, and the Premier.

Finally, respondents were asked "At the present time, how would you rate the health system in Alberta on its ability to protect the privacy of a person's health records? Would you say very good, good, fair, or poor?" Twenty-one percent said "very good," 30% selected "good," 12% said "fair," and 8% said "poor." Twenty-nine percent said that they did not know how to respond.

Figure 42

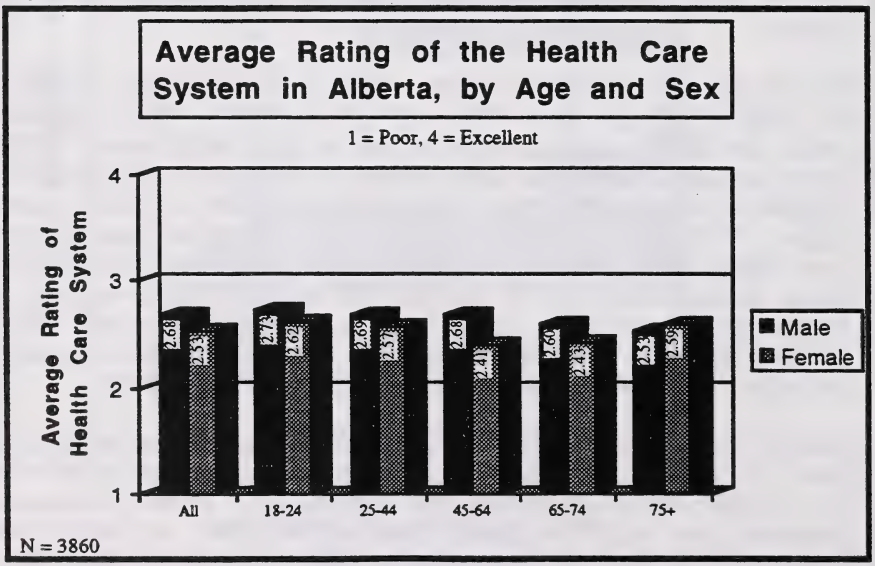


Figure 43

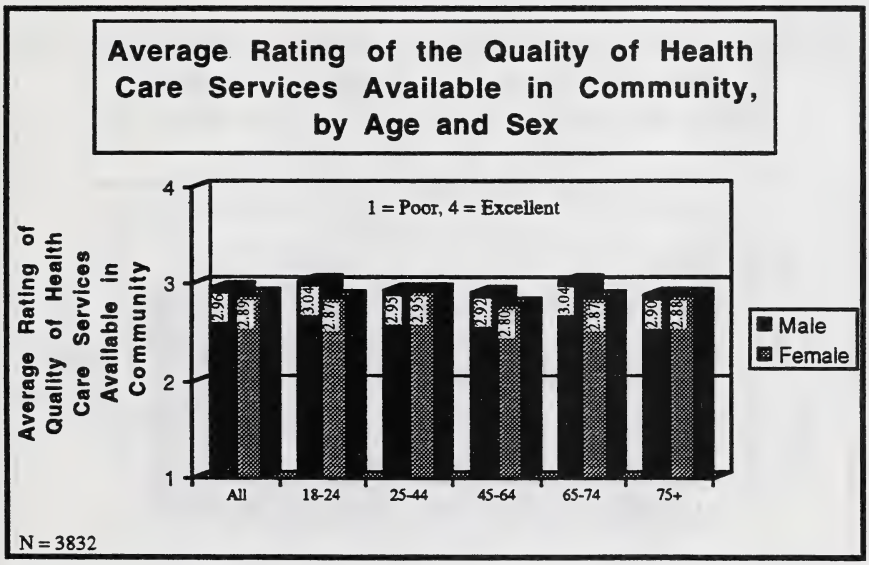

Average Rating of the Quality of Health Care Services Available in Community, by Age and Sex
1 = Poor, 4 = Excellent
Average Rating of Quality of Health Care Services Available in Community
4
3
2
1
2.96
2.89
3.04
2.87
2.95
2.95
2.92
2.80
3.04
2.88
2.90
2.88
All
18-24
25-44
45-64
65-74
75+
Male
Female
N = 3832

Figure 44

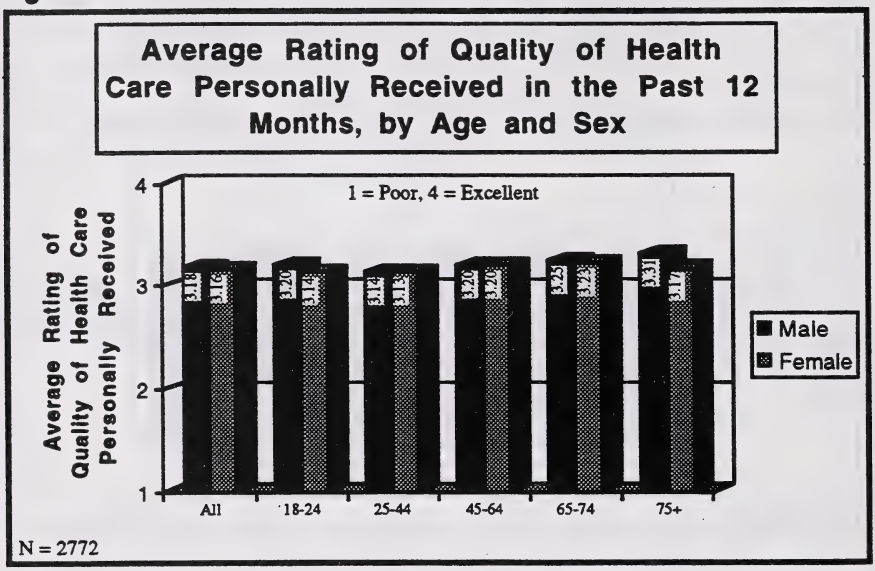

Average Rating of Quality of Health Care Personally Received in the Past 12 Months, by Age and Sex
1 = Poor, 4 = Excellent
Average Rating of Quality of Health Care Personally Received
4
3
2
1
3.19
3.16
3.20
3.14
3.14
3.18
3.20
3.20
3.25
3.23
3.31
3.17
All
18-24
25-44
45-64
65-74
75+
Male
Female
N = 2772

Figure 45

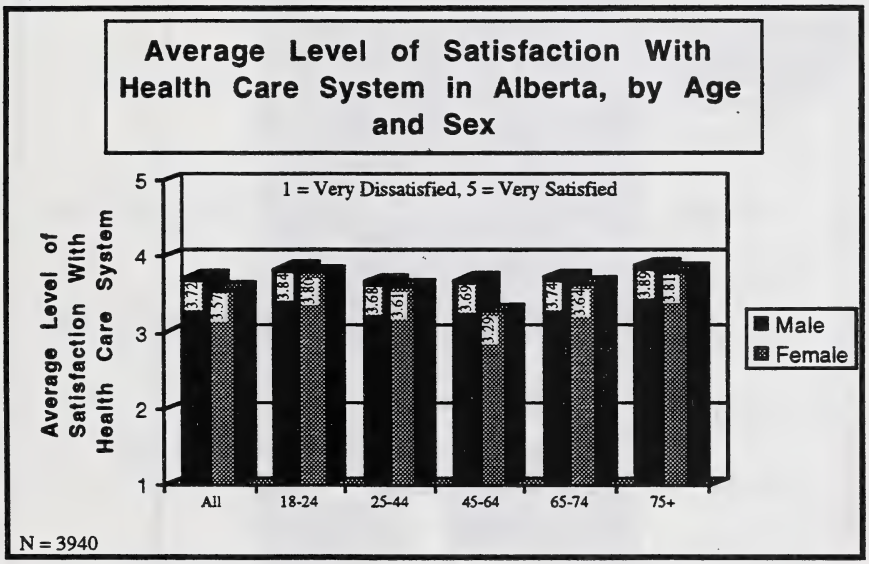

Average Level of Satisfaction With Health Care System in Alberta, by Age and Sex
1 = Very Dissatisfied, 5 = Very Satisfied
Average Level of Satisfaction With Health Care System
5
4
3
2
1
3.72
3.57
3.82
3.80
3.68
3.61
3.69
3.26
3.74
3.64
3.89
3.81
All
18-24
25-44
45-64
65-74
75+
Male
Female
N = 3940

Figure 46

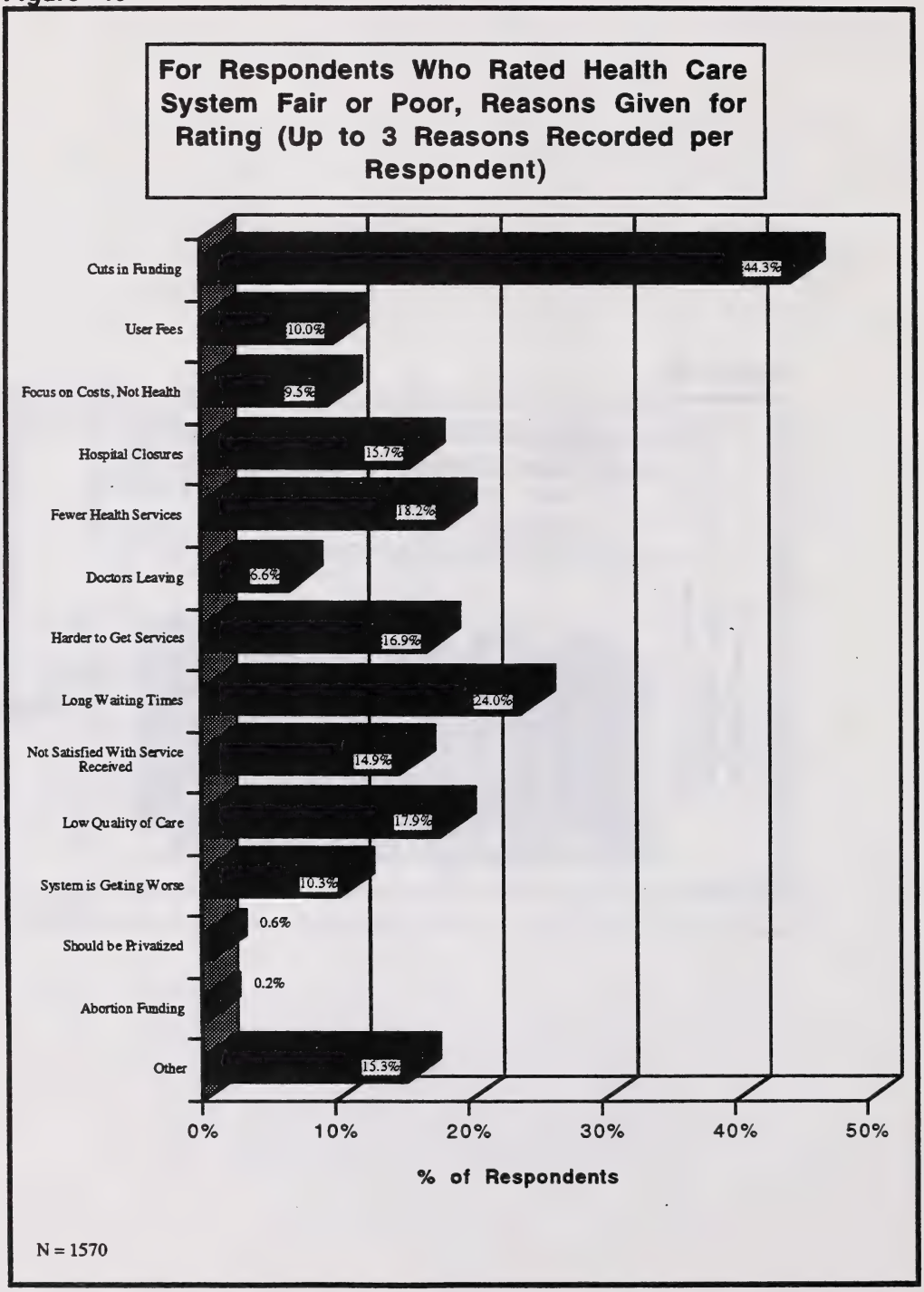
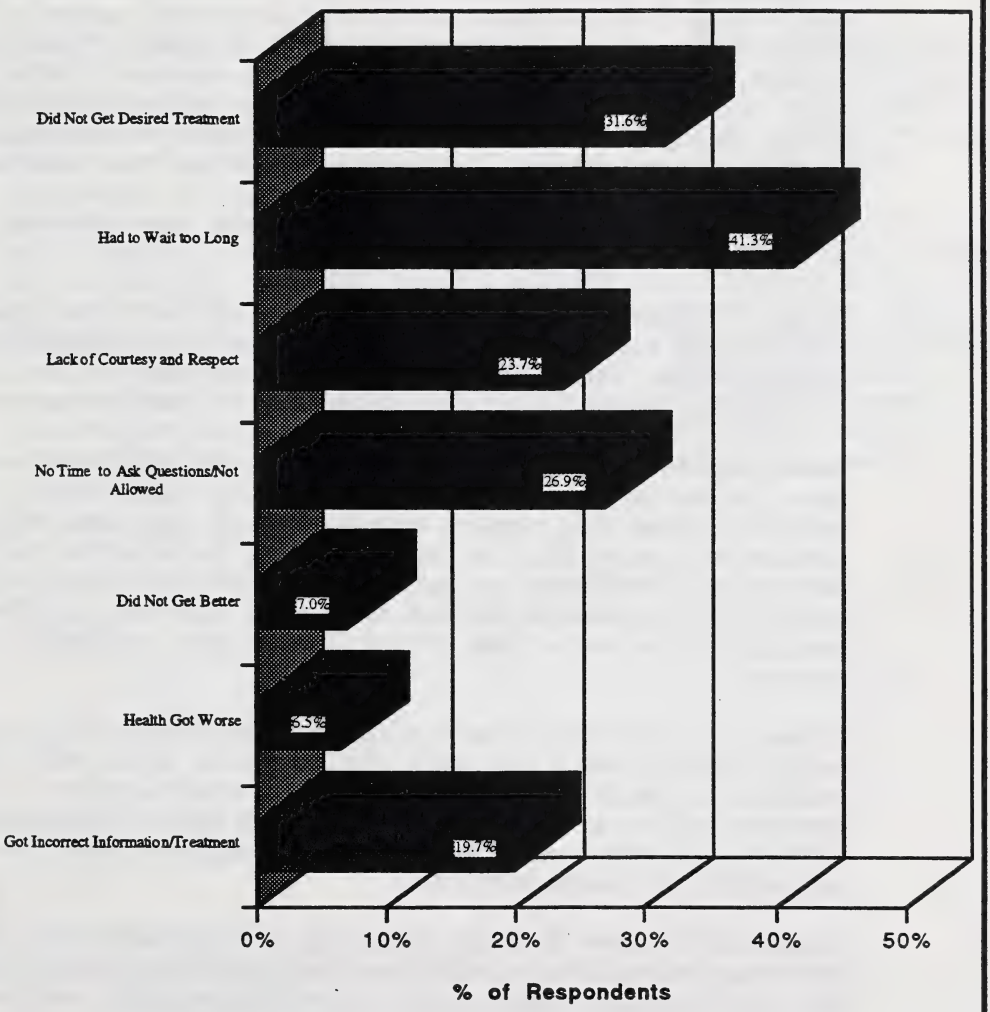

For Respondents Who Rated Health Care System Fair or Poor, Reasons Given for Rating (Up to 3 Reasons Recorded per Respondent)
Cuts in Funding
44.3%
User Fees
10.0%
Focus on Costs, Not Health
9.5%
Hospital Closures
15.7%
Fewer Health Services
18.2%
Doctors Leaving
6.6%
Harder to Get Services
16.9%
Long Waiting Times
24.0%
Not Satisfied With Service Received
14.9%
Low Quality of Care
17.9%
System is Getting Worse
10.3%
Should be Privatized
0.6%
Abortion Funding
0.2%
Other
15.3%
0%
10%
20%
30%
40%
50%
% of Respondents
N = 1570

Figure 47

For Respondents Who Received Health Care Services in the Past 12 Months and Who Rated That Service as Fair or Poor, Reasons Given for Rating (Respondent Could Give More Than one Reason)



N = 392

12 The Relationship Between Need For Health Care Services and Key Performance Measures

Key performance measures defined by Alberta Health included respondents' ratings of the health care system in Alberta, ratings of the availability of health care services in the community, ratings of the accessibility of health care services, the percentage of respondents able/unable to obtain health services when needed, ratings of quality of health care services in community, ratings of quality of care personally received, and satisfaction with the health care system in Alberta. Four measures of health care need were defined: self-reported health status, having a chronic health problem requiring regular health services, respondent's level of need for health services, and level of need for health services for most needy person in household. Tables 1 to 28 examine the relationship between health care needs and the key performance measures.

Tables 1-4 show that ratings of the health care system in Alberta tended to fall with declining health status and increasing health needs. In other words, some of those who were most likely to have relied most heavily on the health care system had the lowest evaluation of it.

Table 5 shows that ratings of the availability of health care services in one's community tended to fall with declining health status. However, Tables 6-8 show that persons with a relatively high need for health services were more likely to rate availability as "excellent" **or** more likely to rate availability as "poor". That is, the high need group tended to be somewhat divided, with some reporting excellent availability of services while others reported poor availability of services.

Tables 9-12 show that ratings of how easy or difficult it is to access health services when they were needed tended to fall with declining health status and with increasing need for health services. Table 11, however, indicates that persons with a high level of personal need tended to be either more positive or more negative about the accessibility of health services.

Tables 13-16 show that the percentage of respondents who reported not being able to obtain health care services when needed tended to rise with declining health status and with increasing need for health services.

Tables 17-20 show that ratings of the quality of health care services in the community tended to fall with declining health and with increasing need for health services. Again, however, there was

evidence that the high need group tended to split with some reporting that health services were excellent while others complained that they were poor.

Tables 21-24 show that ratings of care personally received in the past twelve months tended to show a similar pattern, that is, declining ratings were associated with poor health status and increased need for health services. Again, however, the high need group tended to divide with some providing high ratings and others low ratings of care received.

Finally, Tables 25-28 show the familiar pattern. That is, satisfaction with the health care system in Alberta tended to fall with declining health status and increasing need for health services, except that the high need groups were again somewhat divided, with a tendency to be either more positive or more negative than the low need groups.

In summary, ratings of the Alberta health care system tended to be quite positive, with only minor declines in ratings from 1995 to 1996 (see Section 4). However, persons who reported a poorer health status tended to rate the health system more negatively than did healthier people. Furthermore, persons who reported high levels of need for health services (either own need or need of a household member) tended to be either more likely to rate the health system positively **or** more likely to rate it negatively. Apparently, many, although not all, are well served by Alberta's health care system in 1996.

Table 1
Rating of Health Care System in Alberta, by Self-Reported Health Status

Rating of Health Care System in Alberta	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Excellent	17.9	11.5	6.9	5.9	6.1
Good	49.8	52.2	46.5	35.1	27.5
Fair	24.5	29.2	34.8	37.9	32.8
Poor	7.9	7.1	11.8	21.0	33.6
Total	100	100	100	100	100
(n)	(969)	(1504)	(938)	(329)	(120)

$X^2 = 238$, $df = 12$, $p < .000$

Table 2
Rating of Health Care System in Alberta, by Chronic Health Problem Requiring Regular Health Services

Rating of Health Care System in Alberta	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Excellent	9.6	11.9
Good	41.5	49.9
Fair	34.2	29.0
Poor	14.7	9.2
Total	100	100
(n)	(877)	(2978)

$X^2 = 39$, $df = 3$, $p < .000$

Table 3
Rating of Health Care System in Alberta, by Own Level of Need for Health Services in Past Year

Rating of Health Care System in Alberta	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Excellent	12.1	8.9	12.7
Good	49.9	44.9	42.6
Fair	28.7	35.4	27.0
Poor	9.3	10.8	17.7
Total (n)	100 (2545)	100 (974)	100 (328)

$X^2 = 44$, $df = 6$, $p < .000$

Table 4
Rating of Health Care System in Alberta, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Rating of Health Care System in Alberta	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Excellent	11.9	10.1	12.0
Good	50.2	48.6	40.0
Fair	28.0	32.4	33.1
Poor	9.8	8.9	14.9
Total (n)	100 (1825)	100 (1329)	100 (590)

$X^2 = 34$, $df = 6$, $p < .000$

Table 5
Rating of Availability of Health Care Services in Community, by Self-Reported Health Status

Rating of Availability of Health Care Services in Community	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Excellent	25.3	19.7	15.8	15.2	15.1
Good	53.3	58.4	57.5	47.7	42.8
Fair	17.6	16.5	19.7	27.1	26.2
Poor	3.8	5.4	7.1	10.0	15.9
Total (n)	100 (970)	100 (1492)	100 (908)	100 (326)	100 (115)

$X^2 = 96$, $df = 12$, $p < .000$

Table 6
Rating of Availability of Health Care Services in Community, by Chronic Health Problem Requiring Regular Health Services

Rating of Availability of Health Care Services in Community	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Excellent	20.2	19.5
Good	52.3	56.4
Fair	19.2	18.6
Poor	8.3	5.4
Total (n)	100 (860)	100 (2946)

$X^2 = 11$, $df = 3$, $p = .01$

Table 7

Rating of Availability of Health Care Services in Community, by Own Level of Need for Health Services in Past Year

Rating of Availability of Health Care Services in Community	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Excellent	19.9	16.9	26.3
Good	56.2	56.4	48.4
Fair	18.0	20.5	18.9
Poor	6.0	6.2	6.4
Total	100	100	100
(n)	(2515)	(958)	(329)

$X^2 = 17$, $df = 6$, $p = .01$

Table 8

Rating of Availability of Health Care Services in Community, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Rating of Availability of Health Care Services in Community	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Excellent	19.3	19.2	23.6
Good	57.8	55.2	47.9
Fair	17.4	19.8	19.9
Poor	5.6	5.8	8.6
Total	100	100	100
(n)	(1804)	(1308)	(585)

$X^2 = 23$, $df = 6$, $p = .001$

Table 9
Ease of Access to Health Care Services, by Self-Reported Health Status

Ease of Access to Health Care Services	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Very Easy	33.0	23.1	18.4	12.7	12.1
Easy	49.8	56.4	52.7	48.5	37.3
A Bit Difficult	15.5	18.5	24.1	32.1	28.8
Very Difficult	1.7	2.0	4.8	6.7	21.8
Total	100	100	100	100	100
(n)	(954)	(1478)	(927)	(336)	(120)

$X^2 = 270$, $df = 12$, $p < .000$

Table 10
Ease of Access to Health Care Services, by Chronic Health Problem Requiring Regular Health Services

Ease of Access to Health Care Services	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Very Easy	19.3	24.2
Easy	46.7	54.4
A Bit Difficult	28.3	18.4
Very Difficult	5.7	3.0
Total	100	100
(n)	(877)	(2934)

$X^2 = 60$, $df = 3$, $p < .000$

Table 11
Ease of Access to Health Care Services, by Own Level of Need for Health Services in Past Year

Ease of Access to Health Care Services	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Very Easy	24.7	17.9	26.9
Easy	53.9	52.2	43.4
A Bit Difficult	18.5	26.3	20.2
Very Difficult	2.9	3.5	9.5
Total	100	100	100
(n)	(2499)	(981)	(328)

$X^2 = 78$, $df = 6$, $p < .000$

Table 12
Ease of Access to Health Care Services, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Ease of Access to Health Care Services	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Very Easy	25.1	21.0	21.4
Easy	54.6	52.2	47.6
A Bit Difficult	16.9	24.6	23.2
Very Difficult	3.3	2.2	7.8
Total	100	100	100
(n)	(1795)	(1325)	(590)

$X^2 = 71$, $df = 6$, $p < .001$

Table 13
Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Self-Reported Health Status

% Able or Unable to Obtain Health Care Services When Needed	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Able	94.9	94.2	92.5	88.0	77.5
Unable	5.1	5.8	7.5	12.0	22.5
Total	100	100	100	100	100
(n)	(989)	(1528)	(952)	(341)	(118)

$X^2 = 66$, $df = 4$, $p < .000$

Table 14
Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Chronic Health Problem Requiring Regular Health Services

% Able or Unable to Obtain Health Care Services When Needed	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Able	87.6	94.5
Unable	12.4	5.5
Total	100	100
(n)	(883)	(3041)

$X^2 = 49$, $df = 1$, $p < .000$

Table 15

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Own Level of Need for Health Services in Past Year

% Able or Unable to Obtain Health Care Services When Needed	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Able	95.4	90.7	80.0
Unable	4.6	9.3	20.0
Total	100	100	100
(n)	(2602)	(987)	(329)

$X^2 = 116$, $df = 2$, $p < .000$

Table 16

Percentage of Respondents Able or Unable to Obtain Health Services When Needed, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

% Able or Unable to Obtain Health Care Services When Needed	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Able	95.7	92.4	85.0
Unable	4.3	7.6	15.0
Total	100	100	100
(n)	(1881)	(1340)	(595)

$X^2 = 78$, $df = 2$, $p < .000$

Table 17
Rating of Quality of Health Care Services in Community, by Self-Reported Health Status

Rating of Quality of Health Care Services in Community	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Excellent	26.0	18.2	12.6	11.4	14.7
Good	58.8	65.0	60.9	56.0	41.2
Fair	11.8	13.7	21.0	25.3	23.6
Poor	3.4	3.2	5.5	7.4	20.5
Total (n)	100 (962)	100 (1491)	100 (930)	100 (334)	100 (115)

$X^2 = 201$, $df = 12$, $p < .000$

Table 18
Rating of Quality of Health Care Services in Community, by Chronic Health Problem Requiring Regular Health Services

Rating of Quality of Health Care Services in Community	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Excellent	17.0	18.4
Good	56.1	62.4
Fair	19.4	15.3
Poor	7.4	3.9
Total (n)	100 (869)	100 (2957)

$X^2 = 30$, $df = 3$, $p < .000$

Table 19

Rating of Quality of Health Care Services in Community, by Own Level of Need for Health Services in Past Year

Rating of Quality of Health Care Services in Community	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Excellent	19.1	14.1	22.4
Good	62.6	59.6	52.9
Fair	13.9	21.9	16.7
Poor	4.3	4.4	8.0
Total	100	100	100
(n)	(2524)	(971)	(326)

$X^2 = 54$, $df = 6$, $p < .000$

Table 20

Rating of Quality of Health Care Services in Community, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Rating of Quality of Health Care Services in Community	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Excellent	19.2	16.2	19.1
Good	63.0	61.1	54.1
Fair	13.3	19.5	19.0
Poor	4.5	3.2	7.7
Total	100	100	100
(n)	(1816)	(1318)	(588)

$X^2 = 49$, $df = 6$, $p < .000$

Table 21
Rating of Quality of Care Personally Received in Past 12 Months, by Self-Reported Health Status

Rating of Quality of Care Personally Received in Past 12 Months	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Excellent	42.8	34.8	29.1	25.0	26.6
Good	47.0	53.5	55.3	54.0	37.7
Fair	8.5	9.5	12.0	16.4	27.6
Poor	1.7	2.2	3.5	4.6	8.1
Total (n)	100 (645)	100 (1040)	100 (708)	100 (276)	100 (101)

$X^2 = 94$, $df = 12$, $p < .000$

Table 22
Rating of Quality of Care Personally Received in Past 12 Months, by Chronic Health Problem Requiring Regular Health Services

Rating of Quality of Care Personally Received in Past 12 Months	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Excellent	33.1	34.3
Good	49.3	53.0
Fair	13.4	10.3
Poor	4.2	2.4
Total (n)	100 (785)	100 (1983)

$X^2 = 13$, $df = 3$, $p = .006$

Table 23

Rating of Quality of Care Personally Received in Past 12 Months, by Own Level of Need for Health Services in Past Year

Rating of Quality of Care Personally Received in Past 12 Months	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Excellent	35.4	28.6	40.7
Good	53.9	54.4	35.6
Fair	8.7	13.8	17.2
Poor	2.0	3.3	6.5
Total	100	100	100
(n)	(1610)	(836)	(320)

$X^2 = 75$, $df = 6$, $p < .000$

Table 24

Rating of Quality of Care Personally Received in Past 12 Months, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Rating of Quality of Care Personally Received in Past 12 Months	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Excellent	33.9	32.4	37.1
Good	54.0	53.6	42.8
Fair	9.4	12.4	14.2
Poor	2.7	1.6	5.9
Total	100	100	100
(n)	(1153)	(1052)	(494)

$X^2 = 42$, $df = 6$, $p < .000$

Table 25
Satisfaction With Health Care System in Alberta, by Self-Reported Health Status

Satisfaction With Health Care System in Alberta	Self-Reported Health Status (%)				
	Excellent	Very Good	Good	Fair	Poor
Very Satisfied	26.1	22.4	16.6	14.0	12.3
Somewhat Satisfied	46.1	47.0	46.5	41.7	32.3
Neither Sat'd/Dis'd	14.0	14.6	15.6	16.7	10.9
Somewhat Dissatisfied	10.1	12.9	17.3	18.2	27.2
Very Dissatisfied	3.8	3.2	3.9	9.3	17.4
Total (n)	100 (993)	100 (1535)	100 (957)	100 (336)	100 (119)

$X^2 = 152$, $df = 16$, $p < .000$

Table 26

Satisfaction With Health Care System in Alberta, by Chronic Health Problem Requiring Regular Health Services

Satisfaction With Health Care System in Alberta	Have Chronic Health Problem Requiring Regular Health Services (%)	
	Yes	No
Very Satisfied	17.3	21.9
Somewhat Satisfied	45.3	49.9
Neither Sat'd/Dis'd	11.7	15.7
Somewhat Dissatisfied	18.1	13.0
Very Dissatisfied	7.6	3.6
Total (n)	100 (887)	100 (3048)

$X^2 = 52$, $df = 4$, $p < .000$

Table 27

Satisfaction With Health Care System in Alberta, by Own Level of Need for Health Services in Past Year

Satisfaction With Health Care System in Alberta	Own Level of Need for Health Services in Past Year (%)		
	Low	Moderate	High
Very Satisfied	21.7	17.7	23.9
Somewhat Satisfied	45.2	49.6	38.4
Neither Sat'd/Dis'd	16.6	11.6	9.5
Somewhat Dissatisfied	12.6	16.7	18.8
Very Dissatisfied	3.9	4.4	9.4
Total (n)	100 (2614)	100 (984)	100 (333)

$X^2 = 67$, $df = 8$, $p < .000$

Table 28

Satisfaction With Health Care System in Alberta, by Level of Need for Health Services for the Person in the Household Who Had the Greatest Need

Satisfaction With Health Care System in Alberta	Level of Need for Health Services for the Person in the Household Who Had the Greatest Need (%)		
	Low	Moderate	High
Very Satisfied	22.0	19.5	19.8
Somewhat Satisfied	45.5	48.2	41.9
Neither Sat'd/Dis'd	16.6	14.2	10.9
Somewhat Dissatisfied	12.3	14.3	19.9
Very Dissatisfied	3.6	3.9	7.6
Total (n)	100 (1885)	100 (1342)	100 (600)

$X^2 = 53$, $df = 8$, $p < .000$

Appendix A - Questionnaire

1996 Public Survey about Health and the Health System in Alberta

CATI Telephone Questionnaire

1	Telephone Number	
2	CATI Record Number	
3	Interviewer's Name	
4	Date	
5	Start Time	
6	Finish Time	

Population Research Laboratory
University of Alberta

March 25, 1996

TELEPHONE INTRODUCTION SHEET 1996

1. Hello, my name is _____ and I'm calling (long distance) from the Population Research Lab at the University of Alberta.

2. I have dialed XXX-XXXX. Is this correct?

3. Your telephone number was selected at random by computer.

4. The Lab is conducting a public opinion study to help Alberta Health better understand the views of Albertans on health and the health care system in this province.

   RECORD SEX OF POTENTIAL RESPONDENT

   Male.....1
   Female.....2

5. To ensure that we speak to a good cross-section of people for your health region, can you please tell me the following:

   a. How many women and men aged 18 or over live at this number?

      NUMBER OF WOMEN? _____

      98 Refused

      NUMBER OF MEN? _____

      98 Refused

   b. What age group would you consider yourself in?

      (Read Categories)

      age 18-24.....1
      age 25-44.....2
      age 45-64.....3
      age 65-74.....4
      age 75+.....5

      98 Refused

      TERMINATE INTERVIEW IF AGE REFUSED OR AGE/GENDER QUOTAS ARE FILLED; OTHERWISE CONTINUE. IF AGE/GENDER QUOTAS ARE FILLED, LOOK AT SHEET TO ASK FOR SOMEONE ELSE WHO MAY BE QUALIFIED AND BACK UP TO TRY TO REQUALIFY.

6. I would like to interview you. I'm hoping that now is a good time for you. Your opinions are very important for the research that is being done for health care decision-makers in Alberta.

7. Before we start, I'd like to assure you that your participation is voluntary and that any information you provide will be kept

anonymous. If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. You of course have the right to terminate the interview at any time.

(INFORMATION FOR A RELUCTANT PARTICIPANT)

8. *Your name is not required and no one can identify individual answers in this study. If you have any questions about the survey, you can call (collect) to the Study Supervisor (in Edmonton) at 492-2505, between 9:00 a.m. and 9:30 p.m., for further information. You may also check the legitimacy of this study with the Registration Branch of Alberta Health at 427-1432 (days only).*

I WOULD LIKE TO BEGIN WITH SOME QUESTIONS ON YOUR HEALTH.

1. In general, compared with other people your age, would you say your health is:

Excellent.....1
Very Good.....2
Good.....3
Fair.....4
Poor.....5

Don't Know **(VOLUNTEERED)** ...6
No Response.....0

2. In general, how would you describe your current habits and lifestyle? Would you say they are:

Very healthy.....1
Healthy.....2
Somewhat unhealthy.....3
Very unhealthy.....4

Don't Know **(VOLUNTEERED)** ...5
No Response.....0

3. a. In the past 12 months, have you made any changes in your habits or lifestyle to improve your health?

Yes.....1 **(ASK b)**
No.....2 **(GO TO 4)**

No Response.....0 **(GO TO 4)**

b. What changes have you made? (DO NOT READ LIST. SELECT ALL THAT APPLY)

Quit/reduced smoking.....___
Reduced/quit alcohol.....___
Changed diet.....___
Lost weight.....___
Increased exercise.....___
Changed sexual behavior/reduced risk of STD.....___
Reduced drug/medication use.....___
Managed/reduced blood pressure.....___
Managed/reduced cholesterol.....___
Managed/reduced stress.....___
Changed physical environment.....___
Received medical treatment.....___
Improved dental hygiene.....___
Used vitamin or herbal remedy.....___

Other **(PLEASE SPECIFY)** _____....___
No Response....___
No Other/Exit....___

4. a. In the next 12 months, do you plan to make any changes in your habits or lifestyle to improve your health?

Yes....1 **(ASK b)**
No....2 **(GO TO 5)**

No Response....0 **(GO TO 5)**

b. What changes do you plan to make? **(DO NOT READ LIST. SELECT ALL THAT APPLY)**

Quit/reduce smoking....___
Reduce/quit alcohol....___
Change diet....___
Lose weight....___
Increase exercise....___
Change sexual behavior/reduce risk of STD....___
Reduce drug/medication use....___
Manage/reduce blood pressure....___
Manage/reduce cholesterol....___
Manage/reduce stress....___
Change physical environment....___
Receive medical treatment....___
Improve dental hygiene....___
Use vitamin or herbal remedy....___
Other **(PLEASE SPECIFY)**_____...___
No Response....___
No Other/Exit....___

THE NEXT QUESTIONS ARE ABOUT THE HEALTH SYSTEM.

5. Thinking now about the health care system in Alberta, overall, how would you rate it? Would you say it is:

Excellent....1
Good....2
Fair....3
Poor....4

Don't Know **(VOLUNTEERED)**...5
No Response....0

(ASK Q6 ONLY IF RESPONSE TO Q5 IS EITHER FAIR OR POOR)

6. What is it about the health system that makes you rate it *(fair/poor)*? **(DO NOT READ LIST. SELECT A MAXIMUM OF 3 RESPONSES)**

Not satisfied with service received.....___
Cuts in funding.....___
Hospital closures.....___
Fewer health services.....___
Doctors leaving.....___
Low quality of care.....___
User fees.....___
It is getting worse.....___
Should be privatized.....___
Abortion funding.....___
Focus on costs, not health.....___
Harder to get services.....___
Long waiting times for service.....___
Other **(PLEASE SPECIFY)**_____.....___
No Response.....___
No Other/Exit.....___

7. Overall, how would you rate the AVAILABILITY of health care services in your community? Would you say...

Excellent.....1
Good.....2
Fair.....3
Poor.....4

Don't Know **(VOLUNTEERED)**...5
No Response.....0

8. a. How easy or difficult is it for you to get the health care services you need when you need them? Would you say it is:

Very easy.....1 **(GO TO 9)**
Easy.....2 **(GO TO 9)**
A bit difficult.....3 **(ASK b)**
Very difficult.....4 **(ASK b)**

No Response.....0 **(GO TO 10)**

b. What makes it difficult for you? **(DO NOT READ LIST. SELECT ALL THAT APPLY)**

User fees for service.....___
Distance to travel for service.....___
Getting time from work .....___
Service at inconvenient time.....___
Service not available at certain times/days.....___
Cost of drugs, supplies, etc.....___
Can't get service when it is needed.....___
Long waits.....___

Hard to get quality care/advice.....___
Not enough health professionals.....___
Difficulty understanding what I am told.....___
I don't know how to get what I need.....___
Other **(PLEASE SPECIFY)**_____.....___
No Response.....___
No Other/Exit.....___

9. a. Over the past 12 months, were you ever unable to obtain health care services when you needed them?

Yes.....1 **(ASK b)**
No.....2 **(GO TO 10)**

No Response.....0 **(GO TO 10)**

b. What type of service or services were you unable to obtain? **(DO NOT READ LIST. SELECT ALL THAT APPLY)**

Medical doctor (GP).....___
Medical doctor (specialist).....___
Emergency care.....___
Ambulance service.....___
Hospital in-patient care.....___
Hospital out-patient care.....___
Long-term care in a facility.....___
Medical test services.....___
Home care services.....___
Therapy (not mental health).....___
Immunization for self/child.....___
Mental health services or counseling.....___
Other **(PLEASE SPECIFY)**_____.....___
No Response.....___
No other/Exit.....___

c. Why could you not get this needed service? **(DO NOT READ LIST. RECORD ONE ANSWER ONLY)**

Could not afford the cost.....1
Could not get an appointment with health professional.2
No emergency available/emergency closed.....3
Had to wait too long; gave up.....4
I was not given the treatment I asked for.....5
Not available nearby/not convenient to get to.....6
Service not covered by health system.....7
Other **(PLEASE SPECIFY)**_____.....8

No Response.....0

d. Did this have any effect on you?

Yes **(PLEASE SPECIFY)** _____.1
No.....2

No Response.....0

e. What happened next? Did you: **(READ)**

Get the service you needed somewhere else.....1
Get a different service.....2
Get better on your own.....3
Get the service you needed at a later time.....4
Never receive the needed service.....5
Other **(PLEASE SPECIFY)**_____.....6

No Response.....0

10. Overall, how would you rate the QUALITY of health care services that are available in your community? Would you say...

Excellent.....1
Good.....2
Fair.....3
Poor.....4

Don't Know **(VOLUNTEERED)**...5
No Response.....0

11. a. Have you personally received any health care services in the past 12 months?

Yes.....1 **(ASK b)**
No.....2 **(GO TO 13)**

No Response.....0 **(GO TO 13)**

b. Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was:

Excellent.....1 **(GO TO d)**
Good.....2 **(GO TO d)**
Fair.....3 **(ASK c)**
Poor.....4 **(ASK c)**

Don't Know **(VOLUNTEERED)**...5 **(GO TO d)**
No Response.....0 **(GO TO d)**

c. Why do you say that the quality of health service you received was *(fair/poor)?* **(DO NOT READ LIST. SELECT ALL THAT APPLY)**

Did not get the treatment I wanted.....___
Had to wait too long.....___
Lack of courtesy and respect.....___
No time to ask questions/not allowed.....___
Did not get better.....___

Health got worse.....___
Got incorrect information/treatment.....___
No Response.....___
No other/Exit.....___

d. Have you made a complaint about any health service you received during the past year?

Yes.....1 **(ASK e)**
No.....2 **(GO TO 12)**

No Response.....0 **(GO TO 12)**

e. To whom did you complain? **(DO NOT READ LIST. SELECT ALL THAT APPLY)**

The person providing service.....___
My doctor.....___
The person in charge of the facility.....___
The regional health authority.....___
Professional group
(e.g. College of Physicians & Surgeons) .....___
An appeals body
(e.g. Health Services Review Committee) .....___
Alberta Health.....___
The government (MLA's; Minister; Premier).....___
My family, friends, or neighbors.....___
The media.....___
No one.....___
Don't remember.....___
No Response.....___
No other/Exit.....___

12. When you receive health services, how much information do you usually get from the health care provider about: **(READ)**

a. Your health. Would you say...

A Lot.....1
Some.....2
Very Little.....3
None.....4

No Response.....0

b. *(How much information do you usually get from the health care provider about:)*

The health service offered to you. Would you say...

A Lot.....1
Some.....2
Very Little.....3

None.....4

No Response.....0

c. *(How much information do you usually get from the health care provider about:)*

Possible alternative health services. Would you say...

A Lot.....1
Some.....2
Very Little.....3
None.....4

No Response.....0

d. *(How much information do you usually get from the health care provider about:)*

The effects of the health service on you. Would you say...

A Lot.....1
Some.....2
Very Little.....3
None.....4

No Response.....0

THE NEXT QUESTIONS ARE ABOUT OTHER HEALTH ISSUES.

13. At the present time, how would you rate the health system in Alberta on its ability to protect the privacy of a person's health records? Would you say...

Very Good.....1
Good.....2
Fair.....3
Poor.....4

Don't Know **(VOLUNTEERED)** ...5
No Response.....0

14. a. In the past 6 months, have you received any health care support from a family member? A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.

Yes **(What kind of help did you receive?)**
_____.....1

No.....2

No Response.....0

b. In the past 6 months, have you provided any health care support to a family member? *(A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.)*

Yes **(What kind of help did you provide?)**
_____.....**1 (ASK c)**
No.....**2 (GO TO d)**

No Response.....**0 (GO TO d)**

c. How would you describe the effects of providing this support? Would you say that it was:

Not an inconvenience.....1
A minor inconvenience or disruption.....2
A major disruption of my normal activities.....3

No Response.....0

d. In the past 6 months, have you paid to obtain health care support in the home, either for yourself or for a family member? *(A family member includes spouse/partner, parent, grandparent, sibling, child, or grandchild.)*

Yes .....1 **(ASK e)**
No.....2 **(GO TO 15)**

No Response.....0 **(GO TO 15)**

e. What type of health care support was involved?

_____

f. How much did you spend on health care support in the past six months?

_____ dollars

No Response.....0

15. a. At this time, are you or a person <u>living</u> in your household waiting for a medical treatment, consultation, surgery, home care services, or long term care placement?

Yes .....1 **(ASK b)**
No.....2 **(GO TO 16)**

No Response.....0 **(GO TO 16)**

b. What are you (or the person in your household) waiting for?

_____

c. How long have you (or the person in your household) been waiting? (IF MORE THAN ONE PERSON WAITING, SELECT THE RESPONDENT; OTHERWISE SELECT THE OLDEST PERSON IN THE HOUSEHOLD FOR QUESTIONS 12c AND 12d)

_____ days

Press 88 to enter weeks.

Press 99 to enter months.

Don't Know.....997
No Response.....998

d. How much longer do you (or the member of your household) expect to wait?

_____ days

Press 88 to enter weeks.

Press 99 to enter months.

Don't Know.....997
No Response.....998

e. How long is an acceptable wait for this service?

_____ days

Press 88 to enter weeks.

Press 99 to enter months.

Don't Know.....997
No Response.....998

16. Overall, how satisfied are you with the health system in Alberta? Would you say you are:

Very satisfied.....1
Somewhat satisfied.....2
Neither satisfied nor dissatisfied.....3
Somewhat dissatisfied.....4
Very dissatisfied.....5

No Response.....0

17. How would you describe your own level of need for health services during the past year? Would you say low, moderate, or high?

Low.....1
Moderate.....2
High.....3

Don't Know **(VOLUNTEERED)** ...4
No Response.....0

18. Do you have a chronic health problem which requires regular health services?

Yes.....1
No.....2

No Response.....0

19. Now, think about the person <u>living</u> in your household, including yourself, who had the greatest need for health services during the past year. How would you describe this person's level of need? Would you say low, moderate, or high?

Low.....1
Moderate.....2
High.....3

Don't Know **(VOLUNTEERED)** ...4
No Response.....0

THESE FINAL QUESTIONS WILL GIVE US A BETTER PICTURE OF THE PEOPLE WHO TOOK PART IN THIS STUDY.

20. a. How many people normally live in your household?

_____ Total Number of People including children

98 No Response

b. How many of these are under 18 years of age?

_____ Number of children

98 No Response

21. What is the highest level of education you have attended or completed? **(DO NOT READ LIST)**

No schooling.....01
Some Elementary.....02
Completed Elementary.....03
Some Secondary.....04
Completed Secondary.....05
Some college, technical, or nurse's training.....06
Completed college, technical, or nurse's training.....07
Some University.....08
Completed University.....09
Other education or training
(PLEASE SPECIFY)_____.....10

No Response.....00

22. What is the name of the Health Region in which you live? **(DO NOT READ LIST.)**

Chinook Health Region 1.....01
Palliser Health Region 2.....02
Headwaters Health Region 3.....03
Calgary Health Region 4.....04
Health Region 5.....05
David Thompson Health Region 6.....06
East Central Health Region 7.....07
WestView Health Region 8.....08
Crossroads Health Region 9.....09
Capital Health Region 10.....10
Aspen Health Region 11.....11
Lakeland Health Region 12.....12
Mistahia Health Region 13.....13
Peace Health Region 14.....14
Keeweetinok Lakes Health 15.....15
Northern Lights Health Region 16.....16
Northwestern Health Region 17.....17

Don't Know/No Response/Incorrect Name.....18

23. What is your total household income before taxes last year? **(IF NECESSARY, PROBE WITH CATEGORIES)**

UNDER $6000. .01	$26000-27999. .12	$60000-64999. .23
6000-7999 . . 02	28000-29999. .13	65000-69999. .24
8000-9999 . . 03	30000-31999. .14	70000-74999. .25
10000-11999. .04	32000-33999. .15	75000-79999. .26
12000-13999. .05	34000-35999. .16	80000-84999. .27
14000-15999. .06	36000-37999. .17	85000-89999. .28
16000-17999. .07	38000-39999. .18	90000-94999. .29
18000-19999. .08	40000-44999. .19	95000-99999. .30
20000-21999. .09	45000-49999. .20	100000+ . . . 31
22000-23999. .10	50000-54999. .21	Don't know . .32
24000-25999. .11	55000-59999. .22	No response. .00

24. What is your postal code?

_____

No Response.....T99

25. Finally, if you could change ONE thing in the health care system, what would it be?

_____

_____

_____

_____

_____

We've reached the end of our questions and I'd like to thank you very much for your time and cooperation in doing this interview.

TO BE COMPLETED BY THE INTERVIEWER

1. Please record the length of the interview in minutes. _____

THUMBNAIL SKETCH

Briefly describe anything about the respondent or the interview situation that may seem important in interpreting the information given.

_____

_____

_____

_____

_____

I declare that this interview was conducted in accordance with the interviewing and sampling instructions given by the Population Research Laboratory. I agree that the content of all respondent's responses will be kept confidential.

3. ENTER YOUR INTERVIEWER NUMBER _____

4. PLEASE GO THROUGH THE QUESTIONNAIRE AGAIN FOR YOUR FINAL EDIT BEFORE RECORDING IT AS A "COMPLETED INTERVIEW".

5. THIS IS THE END OF THE QUESTIONNAIRE!
PRESS "1" TO END.

THIS IS THE END OF THE SURVEY!